THE ALKALOIDAL CLINIC.

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THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

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QUESTIONS of probable interest to our readers will be answered in our Miscellaneous Department. We expect these to add much value to our pages.

OUR AIM is to make this journal a helpful and informal interchange of thought and experience between those actively engaged in the treatment of the sick.

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IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper. Pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.

EDITORIAL CHAT

Just an informal "chat" about THE CLINIC and matters medical and nothing more.

OUR FOOD SPECIAL.

After much thought we have decided to give our next special, May, to the discussion of the food question—how best to feed the sick and the well at all ages and in all conditions of life.

We wish to have the subject considered carefully from every practical standpoint; particularly of utility, in the sense of what is best for the individual, and economy, or how the most actual good may be gotten for the least money and with the minimum of trouble and bother both for the family table and the sick-room. Tell us, brethren, what to eat, when to eat, and how to eat it. Please ask your wife and your best nurse to help you, if necessary, to get up a paper that will be a credit to yourself and to the CLINIC and then it will be a great help to our many readers.

Now one and all please tell us what you do in certain conditions and under certain circumstances, and then we'll have a feast indeed.

Don't forget your picture with which to illustrate your article, and a list of your friends to whom we may send sample copies of the issue.

ASSOCIATIONS TO DRIVE DOCTORS OUT OF EXISTENCE.

I am told that in Chicago there has been formed a company that guarantees to subscribers medical treatment in a hospital, free drugs, etc., on payment of a certain sum monthly. This is not a club, but a commercial company, that assumes all the risks and pockets the profits. The company comes out boldly and advertises for customers as openly as any quack in the advertising business. Among other things it offers a "sure cure" for hernia: No pretense at charity is made, no restriction to the poor appears in the advertisements. A millionaire can enter his name and obtain his medical advice including hospital service for the sum of $6 a year.

What the effect of such a movement will be upon the medical profession is not difficult to foresee. What with the hospital, the dispensary, the specialist, the practising druggist and the advertiser who persistently thrusts his wares into the patient's hands,

the doctor is pretty well surrounded, his business reduced to a minimum, his emoluments shorn and clipped until we are compelled to ask: "How under the shining sun does he make his living?"

The answer is unfortunately an easy one: He don't make it. Aided by outside resources, by farm or interest in mercantile operations, or by other non-professional sources of income, he manages to exist; but many thousands of doctors do not realize from their practice enough to support themselves and their families.

There is just one vantage ground remaining, and that is the confidence which our patients have in us personally. So long as such schemes are presented simply in their commercial aspect by men who as physicians are nobodies, the good sense of the patient will prevent his entrusting his health to such hands, in preference to the doctor in whose good faith, honor and skill he has confidence. But when the day shall come in which physicians of note lend their names to such an enterprise, it will be the most disastrous blow as yet struck at the medical profession. If for fifty cents a month a patient can secure the services of men who have an accepted rank and standing among the leaders of medicine and the endorsement of men high in the profession, what chance has the unfortunate family doctor?

Men forget how much of their success they owe to the profession. The heritage from centuries of workers, who have each helped to come at the truths of our science and given the results of their labors to us freely, constitutes a trust-fund which we, the present possessors, are in honor bound to transmit to our successors. We are custodians not owners.

Our surgeons and other specialists owe much of their skill and their income to the family practicians, who send their patients to them. It would be base ingratitude for such men to stab their benefactors by indorsing any such scheme to deprive them of their livelihood. Let the first prominent man who lends his name to any such enterprise be made to feel that the amount he realizes from it is the price paid him for his place in the estimation of the medical profession, and that he cannot have cake and penny both. I doubt if there are many men of real worth who would care to defy the united voice of the profession in such a matter.

ARE THERE TOO MANY DOCTORS?

An eastern journal has published a doleful editorial on the trials and tribulations of the doctor. The special ills that hurt our contemporary are the hospitals and dispensaries, the multiplication of medical colleges and the overcrowding of the profession.

The first is a real evil, for which it seems difficult to find a remedy. The hospital offers so many advantages in treating cases for which the home has no facilities, or for which the doctor could not possibly have the necessary appliances, that it cannot be abolished. And yet hospital and dispensary are active competitors of the practician, most unfairly treating for nothing patients from whom he could derive an income.

The true remedy seems to be that the hospital should be owned by the doctors of the district in which it is located, and operated by them as a part of their practice. That this is a natural solution is shown by the number of private hospitals springing up. There is hardly a prominent doctor in Chicago who has not his private hospital.

But as to the second complaint: Are there too many colleges? Desirable as it may seem to those who hold the chairs in established schools, that they alone shall monopolize the professional title and emoluments, the questions must inevitably arise: Why should you? Who made you professor? Are you the fittest for the place? If there appears a better man, how is he

going to get the place? The truth is perfectly well-known that the incumbent will keep his place until superannuated, and use all his influence to keep down out of sight all aspirants who appear dangerous, and finally induct his own son or nephew, or the son of some influential patient, as his successor.

When a new professor was recently elected to fill a chair in an old-established college, everyone conversant with the truth knew that the selection was not due to fitness, but to twenty years' boot-licking and wire-pulling.

It is our boast in free America that that sort of thing does not have to down; but that the man who feels aggrieved can start a new college; and in no very long time the success will be with the most fit, the institution conducted on the doctrine of hereditary rights will fall into decay, while true worth will approve itself victorious every time.

Then the disappointed one will raise his voice against the free competition that puts him on his true level.

By all means let us divorce the licensing of physicians from the teaching, but leave the latter free.

Are there too many doctors? Let us look about us and see how it is with other fields of labor. There are too many lawyers, preachers, teachers, politicians, for the places will not go around. There are also too many factories, ships, mills and railroads, to do the work. Our farmers raise too much corn, wheat, oats, rye, pork, beef and produce, and so keep the prices too low for profit. Our miners dig out too much coal, iron and silver. Our blacksmith, plumber, tailor, shoemaker and barber, would do very well if it were not for those other fellows who have opened up just across the street, and who do the work so cheaply that our profits are all lost in trying to hold our trade.

Just tell me, will you, of any single occupation in life capable of yielding a decent living in which there are not more competitors than can make a living at it. And when we go beyond the limits of humanity we find the same condition of things exactly. Darwin expressed what every naturalist knows to be the truth, that wherever there is a situation capable of affording a living we find several competitors struggling for it. Take an ocean reef, over which every wave breaks. Several varieties of coral fight desperately for it, each succeeding best a few feet higher or lower than the rest; other growths endeavor to supplant the coral; fish feed upon it; shell-fish bore through it; parasitic animals and plants cling to it; the relentless struggle for existence goes on ceaselessly, day and night, from birth to death.

It has been said that only one-tenth of those who enter medical colleges for the first term remain in the profession at the end of ten years. Some are unable to finish their course, some die, some drift into other pursuits. But who can say that the knowledge obtained at the medical college is useless? I have known doctors who became engineers, mine superintendents, etc., and every one declared that his medical studies had been invaluable to him.

It would be well if every minister took a course in medicine before being ordained. Possibly we would not have constantly to throw in their faces the congenial relations between the minister and the quack; while in their parish work the physicians would find a welcome support in the pastor who comprehended the laws of physiology and of hygiene.

OUR RED WRAPPERS.

Considerable has been said in this department about the red wrapper we use as an evidence that renewals are past due. We are pleased to note that this month they have been reduced to a minimum, and if a very few of our friends will send the necessary dollar we will have none at all.

Quite a number have written us asking to have their CLINIC continued and promising to pay as soon as possible, saying that the hard times made it practically impossible for them to spare the dollar this winter. These we are glad to continue. Others have written us from time to time asking courteously to have their subscription discontinued, and it has been done.

To satisfy ourselves just why our friends discontinued, we wrote each one of them about a month ago, asking them to tell us frankly, and nearly all have replied; and in every instance but two, sickness, retiring from practice, and stringency of money have been the reasons given, and of these two, one said that business was mixed too much with reading matter and the other imagines we are not on his side in politics, but neither one was willing to point out our particular lapse when urged to do so. Every other one has spoken in the highest terms of the CLINIC and been kind, professional and fraternal to its management. We are therefore more strongly fixed than ever in our aggressive, helpful policy and shall push on to the best of our ability. Let all our friends help us.

THE PHYSICAL BASIS OF CRIME.

Every year the difficulty in regard to deciding upon the sanity of criminals becomes greater, because it is becoming clearer that there is no sharply-drawn line between sanity and insanity. The studies of Lombroso on degeneracy and criminology and the efforts of Kiernan and others to familiarize the public with the phenomena of paranoia, are surely establishing the dogma of the physical basis of crime. And when once it is generally comprehended that there is a reason why certain persons commit crime while others resist temptation, and that their physical constitution renders it more difficult for the former to win honestly, while the latter never feel the temptation as pressingly as their unfortunate, weaker brethren, we may look for a just and scientific method of dealing with criminals, a system that seeks not so much to punish crime as to restore the offender to the ranks of honest citizens.

BICYCLE BRUTALITY.

Talk of the brutality of prize-fighting, but the recent Chicago six-day bicycle contest was worse. Men reeling with fatigue, delirious from loss of sleep, their muscles aching with labor pushed far beyond the physiological limits of healthy activity, were kept at their work for six days and nights, collapse being warded off by hypodermics of strychnine, morphine and similar drugs.

To what good purpose? The story of human endurance has been told and retold in every conceivable circumstance. By land and by sea, in war and in sport, for country, for loved ones, for gold and for life, the desperate resolve of men has enabled them to do what to others seems marvelous. But what good object is to be accomplished by thus stimulating men up in this fashion; using up the last remnants of their vitality in the useless endeavor to add a few miles to the score?

It would not surprise us if fatal collapse followed in some of these cases.

All useful purposes would be fulfilled if the contestants were allowed to remain on the track for a specified number of hours each day, with a reasonable time for sleep and meals. The use of drugs should be absolutely prohibited. If one happens to be a little better or worse drugged than another it does not prove which is the better man. Nor are such experiments of the least scientific worth; as to show a real value in the drugs administered the contestants should be evenly matched in strength, skill and endurance — which is not possible.

Let us hope that hereafter such exhibitions will be conducted under proper medical supervision.

WHY PHYSICIANS SHOULD DISPENSE THEIR OWN MEDICINES.

Dr. Mather, of Paterson, N. J., advises the physician to dispense his own medicines for six reasons:

1. He knows what his patient gets.
2. His prescription is not refilled against his will.
3. He can give additional attention to the case by compelling the patient to return.
4. He gets a chance to give further advice.
5. Patients have more faith in the doctor.
6. Patients prefer it, for several reasons.

LIFE INSURANCE EXAMINATIONS.

Before accepting the position of examiner for life insurance, the physician should ascertain from the company its policy upon certain points. I would suggest the following queries:

1. What is the true policy of the company in regard to bad risks? Is the examiner expected to pass everybody who comes before him, to be lax as to doubtful cases, or to draw the line firmly, giving the company the benefit of the doubt?

2. In what way is the examiner who rejects a claim protected against the animosity of the soliciting agent, who is thereby deprived of his recompense for working up the case? How is he prevented from sending all subsequent cases to more complaisant examiners?

The difficulty in mutual companies is that the losses fall on the policy holders, while the management is mainly interested in increasing the volume of business. Hence, unless the mortality is pushed up entirely too far, the passing of doubtful cases seems to be expected; as the companies appear to be practically at the mercy of the soliciting agents.

LA GRIPPE.

After a three weeks' bout with La Grippe your editor is fully prepared to endorse all the mean things you can say of that pestiferous immigrant. He is prepared to join the Native Americans, the Anti-Dago League, or any other organization that aims at the exclusion of foreigners, if only they will exclude this disreputable representative of European depravity with the rest.

MEDICAL INSPECTORS FOR THE PUBLIC SCHOOL.

It has been proposed that medical inspectors of the public schools shall be appointed. This is a commendable move, and we hope it will receive the earnest support of our readers. There are so few opportunities for physicians that any enlargement of their field is most welcome. We may in time see that every town or township has its medical health officer, as is the custom in England.

AMERICAN PHARMACY.

I wonder whether the reprehensible tendency of the American physician to snap up every foreign idea that comes to our shores and not only use it but lend himself body and soul to its advertisement, is on the increase or decrease. We sincerly trust that the latter is the case.

While the CLINIC believes that it is not only right but the bounden duty of every physician to use the best obtainable pharmaceutical preparations regardless of the source from which they come, yet we emphatically declare it the duty of every American citizen to support American enterprise, and all things else being equal to give his preference to American products.

Our immortal Barnum once declared his phenomenal success to be due to the fact

that Americans liked to be duped, and some foreign drug manufacturers might well claim the same thing. That this foolish notion is a gigantic menace to American pharmacy is a solemn fact, and it is time that the professions waked up to the exigencies of the occasion.

Our manufacturers are well aware of the odds against them and are diligently striving, by the very best pharmacy of which the world can boast, to make it not only unnecessary, but absolutely foolish to look beyond our shores for pharmaceutical products.

Our auro-friend, Mr. Charles Roome Parmele, gives vent to the turmoil within him by the "not made in Germany" phrase of his unique Mercauro adv. in this issue. Perhaps we may take this as a good omen, if so the CLINIC welcomes it heartily, pledging itself to the support of American pharmacy; urging the physicians of America to be Americans, know the resources of their own country and make use of them before they give their influence and support to the foreigner who makes America his dumping ground.

Do not let the CLINIC be misunderstood. We have no fight against foreign pharmacy; we welcome it; let them give us the best they have, nothing is too good for America, and if they excel our American pharmacists in anything let the medical profession use it, but if the American pharmacist affords us something just as good it is the bounden duty of the American physician to use it, and in case of question to give our brother of the mortar and pestle the benefit of the doubt.

INDESTRUCTIBLE PILLS.

A Brooklyn man has been making novel experiments with pills. He placed one on a pine board, placed a block over it and pounded the block with a hammer. All the pills except one make were driven into the wood with no special injury to the pill.

THE GASTRIC JUICE NOT GERMICIDE.

A singular lapsus occurs in a circular put out by Dr. Kellogg, of the Battle Creek Sanitarium. He states that when patients are fed upon ordinary food, the liquid withdrawn from the stomach is found to contain colonies of bacteria; while if the patients are fed upon sterilized food, few if any such colonies are detectable. Hence, says Dr. Kellogg, the gastric juice is shown to possess a germicidal power.

But on the evidence offered that is exactly what is not shown; in fact, the experiments go to prove that the gastric juice has no such power.

Nevertheless, the undeniable fact that man has lived a considerable time upon this earth, eating all manner of food, under all conceivable conditions, and has still thrived and even multiplied to such an extent as to make the conception of the Malthusian doctrine possible, goes to show that the use of sterilized food is not an absolute necessity, while the proof that our race can so live and thrive upon absolutely germless food is as yet wanting. It is in fact merely a hypothesis, and one that should not be accepted without the most complete proof, in that it separates man from the rest of the animal world and places him in the position of requiring a preparation of his food impossible except under conditions of the highest civilization, to escape hypothetical dangers which must have attended him since the first man (or the last simian) evoluted off his tail.

Palæozoic man ate his reindeer flesh raw, swarming with microbes, often putrid; his present prototype does the same thing in the Arctic regions to-day. Neither the Roman legionaries nor their lusty antagonists boiled their drinking water. Neither Moses nor Solomon, with the wisdom men still attribute to a divine source, foretold the ubiquitous microbe, and in the minute regulations that laid an impossible burden on life excluded this all-pervading Satan.

Still, it may be said in answer to our contention, that all these worthies are dead; and I may be called upon to disprove the assertion that if they had lived upon sterilized food they might be living yet. This argument I shall not attempt to meet directly, but will simply remark that it is the strongest possible objection to sterilized food, as it would perpetuate the existence of many individuals without whom we could get along very well.

DR. WAUGH'S BOOK.

As previously announced, Dr. Waugh's book, "The Treatment of the sick," is in the hands of the printer and is getting on slowly and well. It takes time to do the mechanical work of a volume of this size and character and great pains is being taken with it. We trust that those who have already sent advance subscriptions will not get uneasy at the time taken, it is unavoidabie. When you get the book you will find it well worth waiting for.

AMERICAN ANTISEPTICS.

Upon another page we have had something to say on the subject of "American Pharmacy," and right here we want to make a special application of our idea, urging the profession to make a careful study of American antiseptics. Among the many excellent ones, Listerine, Borolyptol, etc., etc., we know of none that, for all practical purposes, excel, even if they equal, the Campho-Phenique preparations. This enterprising firm of American pharmacists, availing themselves of the well-known and time-honored antiseptics, camphor and carbolic acid, have put them into a form, in their Campho-Phenique powder, solution, gauze and soap, that renders the outfit second to none in aseptic and antiseptic surgical procedure. They are both practical and economical and we heartily recommend them to our readers.

WHEN MAY SYPHILITICS PROPERLY MARRY?

Jonathan Hutchinson said that syphilis loses its contagiousness so rapidly that patients may marry at the end of the second year. Drennen (*Cleveland Medical Gazette*), thinks it is safe to marry only at the end of the sixth year. But much depends upon the treatment.

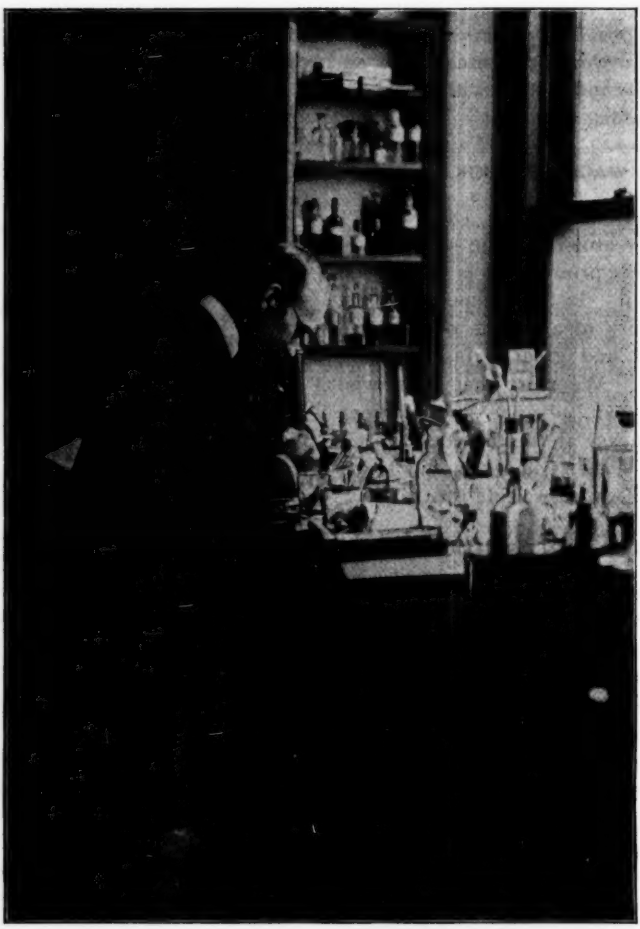
SHOULD THE UMBILICAL CORD BE TIED?

Dr. Kellar (*Pac. Med. Journal*) thinks that it is not necessary to tie the cord. His reasons are, because no other animal requires this operation, and the structure of the cord shows tying to be unnecessary, even for cleanliness. It seems unreasonable that nature should have left so glaring an imperfection in the young of man alone. Besides, he believes that tying the cord is a cause of secondary hemorrhage, it interferes with desiccation, causes ulceration at the navel, erysipelas, fungoid excrescences, inflammation of the vessels of the cord, phlebitis, jaundice, pyemia, and the list of ailments that arise from hepatic congestion, and in some cases he claims that the tying has been the cause of death.

The most cogent argument he adduces is that the cases in which he did not tie the cord got along as well or better than those in which the ligature was applied. It certainly seems that if the doctor waits until all pulsation in the cord has ceased for a few minutes, there cannot be any special danger in leaving the cord untied. What has been the experience of those who have tried doing without the ligature?

AN ERROR.

The paper upon the "Peculiar Condition of the Heart in Croupous Pneumonia," in the February CLINIC, was by W. M. Holladay, of Hampden Sidney, Va., not W. W. Holladay, of Oak Grove, Minn. Both names are on our list, and the wrong address was accidentally supplied.



THE MODERN DOCTOR.

ERNEST B. SANGREE, A. M., M. D.,
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in the Vanderbilt University,
NASHVILLE, TENN.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on Topics kindred to the scope of THE CLINIC, and not too long.

Contributors to this department are requested to furnish us with a recent photograph.

ON THE PATHOLOGY OF CROUPOUS PNEUMONIA.

By Ernest B. Sangree, A. M., M. D.
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THE subject of pneumonia is an ever interesting one, both on account of the great fatality from this disease and from its still uncertain and disputed etiology and treatment. Of the acute forms, which are of course the most interesting, there are the two well-known types of the lobar, or croupous pneumonia, and the catarrhal, broncho or lobular pneumonia. Some include capillary bronchitis under this latter head, maintaining that it never exists without involvement of the air alveoli.

Though it is generally agreed at the present time that croupous pneumonia is of bacterial origin, it is not the best disease upon which to insist much upon the findings of bacteriology, for the reason that there has been discovered no definite bacillus, as in the case of tuberculosis, tetanus, anthrax, and the like. It is claimed that in about ninety per cent of all cases the diplococcus lanceolatus of pneumonia can be found, whilst in the remainder is either the bacillus of Friedlander or streptococci or both.

Some are doubtless inclined to think that a disease which is acknowledged to have such various micro-organisms as causative factors probably after all proceeds from none of them, but from something else. This belief would be strengthened when they hear that this same diplococcus has been found in certain abcesses, pleurisies, inflammations of the meninges and other serous membranes. But if one will consider that the chief expression of a pneumonia is an exudate consisting of all the elements of the blood, it does not seem strange that it should be within the province of more than one micro-organism to cause an irritation that would be followed by such an exudate. It is indeed no more strange than that pus should be produced by five or six different cocci and bacilli.

The pneumococcus is found domesticated, as it were, in the mouths of most healthy people. For instance, I have on a number of occasions injected under the skin of a mouse a minute portion of my own sputum. In a day or two the mouse usually sickens and dies and in the blood I find great numbers of the diplococcus pneumoniæ, now surrounded, however, by a delicate capsule. In certain of the animals, then, this coccus has a purely toxic action, though several experimenters claim to have produced typical croupous pneumonia in apes and monkeys by introducing this micro-organism into the trachea.

To those unacquainted with the peculiarities of bacteria, the extraordinary sensitivity that many of them show to light, changes of temperature or differences in surroundings or culture media, it may seem strange that these micro-organisms of pneumonia should live almost constantly in the gateway to the lungs, but in general harmlessly. It is believed, therefore, that as in the case of tuberculosis and some other well-known diseases of bacterial origin, there must be a predisposition to the disease. For instance, today the pneumococcus is quite harmless to me, for if inhaled into my lung alveoli it finds there too great resistance in its development. The germ is then either killed by the elements of the lung structure or simply dies and is expelled. Two weeks or two months after this, however, perhaps from a bronchitis that has left the mucous membrane weakened, or through some cause that has lowered the general vitality, or from other

causes not known, my air alveoli may prove good breeding places for the pneumococci and the characteristic exudate may take place as the result of this irritation.

The patient's vitality is now lowered in several different ways; The aeration of his blood is interfered with because a larger or smaller portion of his lung is solidified; the absorption of the poisonous products coming from the bacteria ptomaines cause fever and alteration of the cell protoplasm of the various parenchymatous organs, thus increasing destructive cell katabolism and at the same time lessening reconstructive anabolism; and in addition to the irritating action of the fever on the heart this organ is overworked, in regular ratio to the amount of lung involved and the extra mechanical difficulty of driving the blood through capillaries squeezed tight between tough plugs that distend the yielding air vesicles.

After the crisis the fibrinous masses are liquefied and absorbed, the micro-organisms are disintegrated and disappear, and the lung in the majority of cases returns to its normal condition.

A disease of this kind that will end itself if only given time, is eminently one in which attention should be given the patient. It is a disease in which good vitality counts for so much, and which is, therefore, so often fatal to those in the decline of life and those whose vitality has previously been weakened by alcoholism, other excesses or disease. Better, however, than curing the patient is to have him avoid the disease, and if this is, as I believe, caused by a micro-organism, and if the healthy body can kill that organism, then the sermon to be preached is the avoidance of all that tends so far as we know to lower the vitality. The late Oliver Wendell Holmes was so conscious of this that among other precautions against pneumonia in his old age, he would not rise from bed in the mornings until the thermometer on his bedstead registered a certain degree. We give quinine for malaria, vaccinate against smallpox, quarantine against cholera, give antitoxin for diphtheria; but against pneumonia there is no specific cure or prevention. It would seem, however, that if we can keep the body up to that full measure of health intended for it by nature, the parasitic pneumococcus will find in our lung tissue no good growing ground and we shall remain free from croupous pneumonia.

—:o:—

Ernest B. Sangree is a man we are pleased to introduce to the readers of the ALKALOIDAL CLINIC. Graduating from the Medico-Chirurgical College of Philadelphia in 1889, he is now Professor of Pathology and Bacteriology in Vanderbilt University, Pathologist to the State of Tennessee, and Chairman of the Section devoted to Hygiene and Sanitary Appliances in the Tennessee Centennial and International Exposition, which opens May 1, 1897. His paper shows him possessed of the rare gift of being able to write from a pathological standpoint an article of practical interest to the practician. In the picture you see the modern physician, utilizing the resources of modern science to explain the phenomena gathered at the bedside of the patient.

CATARRH.

By John E. Bacon, M. D.

THE word "Catarrh" is a much abused term, a thorough misnomer, and from its misunderstood application a valuable adjunct to quacks and quackery. Like "gastric fever" its use often covers a multitude of sins of omission, commission or ignorance, and it is to be regretted that this applies to many of our profession who ought to have a better comprehension of the term itself and of the pathological condition to which

JOHN E. BACON.

it is applied. Meaning as it does, to flow, it cannot be used as a name for any pathological condition, yet the market is flooded with sure cures for "catarrh," and many patients are sent out of crowded offices sentenced to much mental anguish because they have been told they have "catarrh," which means to them a loathsome and incurable disease. The indiscriminate use of this term to cloak ignorance has contributed in no small way to the enormous success of the patent medicines sold with a "fake" guarantee to cure "catarrh." It is purely a symptom, an expression of the reaction of nature to an irritant, and it is a valuable symptom to the careful observer, who knows that increased secretion of any gland or secreting structure means irritation somewhere. The term is most often applied to disturbances of the respiratory tract, and it is to conditions of the nasal chambers associated with increased flow of mucus that it is most often applied as a name.

Increased flow from the nose anteriorly or posteriorly always means irritation of the nasal membrane, usually amounting to inflammation of it or of the accessory sinuses opening into the nasal chambers, and complaint of this symptom should always call for a careful local examination of this region. The requisites for such an examination should be part of the armamentarium of every physician, for no part of the human body is more often a source of annoyance to the individual and no part is more generally neglected. It is the experience of the writer that the average physician is better prepared to examine and pass an intelligent opinion upon any other part of the body than this one, and that the rule is to make a diagnosis of "catarrh" from the statement of the patient, and to prescribe a douche or spray for the same, without any idea of the exact condition he is treating; and in view of the reflex disturbances and the profound interference with the general health which follow nasal or sinus disease, this is certainly a deplorable habit. A good source of light, preferably an argand burner on a movable gas fixture and a condenser with a plano-convex lens to focus the light, or a good student lamp so fitted, answers well, a three and one-half inch forehead mirror, a good bivalve nasal speculum, a tongue depressor, a small post-nasal mirror, and a laryngeal mirror, and you have enough to make a thorough examination of the nasal cavities, the throat and larynx. All this can be provided at at a cost not to exceed $10, and the fact that you have them and can examine for and treat "catarrh" will make impression enough upon a certain class of your office patients to yield you tenfold on the investment within the year.

On reflecting the light in the nostril, gently held open by means of the speculum, the inferior turbinate body is the first thing to come into view. This appears as a rounded red body springing from the outer wall of the cavity and projecting toward the septum. Note well its size, color and the secretion on the surface, and especially the amount of space between it and the septum, for it is here that simple hypertrophy makes most trouble by mechanically interfering with proper respiration. If the turbinal is only moderately distended the side of the septum can be seen well into the nose. Note on this the color, configuration, secretion and irregularities or spurs; see if any prominence on the septum projects outward so far as to touch the soft parts on the opposite side, and look for thickening, accumulation of secretion or adhesions if it does. If the inferior turbinal is so much distended as to prevent a view of the deep parts of the cavity, gently paint it with a four per cent solution of cocaine by means of a small cotton mop or a camel's hair brush, wait five minutes and the turbinal will be found to be shrunken so that a good view of the deep parts of the cavity may be obtained.

If the light be carefully focused the arched

opening of the posterior nares may be seen, and if the patient swallows the action of the palatal muscles may be observed.

If the vault be occupied by any growth sufficiently large to obstruct breathing this may now also be seen projecting below the arch of the opening. Now glance upward toward the roof the chamber and the middle turbinal can be seen. Note its size, color, secretion, its distance from the septum, and look especially for polypi hanging from the space between the inferior and middle turbinal bodies, as this is a frequent seat for them. Also look carefully for pus, fresh or dried, in this space, for it is here that we find it when it comes from the antrum of Highmore and from the anterior ethmoid and frontal cells. Carefully focus the light again and tipping back the patient's head look up in the space between the middle turbinal and the septum. Sometimes the superior turbinal can be seen, but look carefully for pus coming down over the posterior part of the middle turbinal from above, for this is where the posterior ethmoid cells drain. When pus is found trickling down the posterior wall of the pharynx and all the foregoing places have been examined without accounting for it, cocainize the parts well and try to get a view far back in a straight line across the posterior extremity of the middle turbinal, for the sphenoidal sinus discharges its contents in that region.

Spitting and hawking are constant symptoms of irritation of the naso-pharynx and of the pharynx. This region may be partially seen through the nose in favorable cases, but the most satisfaction will be had by a direct examination through the mouth. Depress the tongue firmly and ask the patient to breath easily through the nose. This will relax the soft palate. Now having warmed the post-nasal mirror over the flame, glass side down, and having tried it on the back of the hand to see that it is not too hot, pass it back behind the soft palate, being careful not to touch the base of the tongue or the wall of the pharynx. Now throw the light on the mirror and the vault of the pharynx will be illumined and reflected on the glass. Look for vegetations on each side of the septum encroaching on the breathing space, for enlarged posterior extremities of the turbinals, for adenoid or other growths of the vault; note the color and secretion bathing the eustachian tubes and see if a plug of thick mucus occupies the mouth of either. Now remove the mirror and inspect the pharynx, note its color and secretion, and especially look for inflamed follicles or small foci of inflammation and ulcerated spots. Inspect the tonsils, see if they are enlarged or inflamed and look out for plugs of food, thickened secretion and epithelial debris in the lacunæ, and see if either the anterior or posterior pillar is adherent to the gland. The uvula is in plain sight now; note whether it is pink or pale, whether it is pulled to either side, see if it is so long that it trails on the tongue and if it is relaxed and has a clear tear-like enlargement on its extremity.

The larynx remains to be inspected and its examination should be very thorough, for here many signs of constitutional disease as well as local trouble may be observed. Warm your large laryngeal mirror and take hold of the tip of the tongue, having a small napkin interposed. Pull the tongue gently forward and ask the patient to breathe in long slow breaths, pass the mirror gently back over the base of the tongue, raising the uvula out of the way with it. Now observe carefully the condition of the lymphoid mass at the base of the tongue, look for inflamed follicles in it and see if the tip of the epiglottis touches it during phonation. Now ask the patient to pronounce the sound "ah" or "a" and the epiglottis will be raised and the interior of the larynx can be seen and studied. Examine the epiglottis carefully for swelling, inflammation and erosion, note the motion and liveliness of the vocal cords

and of the arytenoid cartilages, see if there is accumulated secretion in the openings of the ventricles of the larynx, and if there is swelling or ulcer at the posterior commissure. Observe the color of the membrane generally; especially look for anemia or pallor, and if the patient will inspire deeply a good glimpse of the first three or four rings of the trachea may be seen and the condition of the membrane noted.

All this will require extreme patience on the part of the observer, but just such an examination is essential to determine the location and nature of the irritation which is responsible for the "catarrh" of which your patient complains. Of what use is it to spray antiseptics into a nostril from whicn pus is flowing, if the seat of the inflammation be in the antrum? It is impossible to direct rational treatment to any condition until you know where and what it is.

If the above remarks have impressed any one with the importance of thorough direct examination of any diseased structure, before beginning a consideration of the pathology and before setting upon a diagnosis and the treatment to be pursued, the object of this preliminary paper will have been accomplished, and we are on a common ground for a more detailed consideration of the common affections of the respiratory tract.

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I think we will all await with interest the papers that Dr. Bacon introduces in so lucid and vigorous a manner. There is enough work awaiting all the unemployed doctors in the United States in treating "catarrhs."

And as accuracy in diagnosis is the foundation on which is built our whole system of accurate medication, we welcome all such articles to the pages of the CLINIC. It is a necessity in "up-to-date therapeutics.—ED.

THE EFFECT OF TRITURATION UPON MEDICINAL SUBSTANCES.

By John Aulde, M. D.

A GENERAL impression prevails among medical men that triturations of medicinal substances, more especially those which are insoluble but dissolved by the action of the systemic fluids, possess a greater therapeutic potency, although but little attention has been given to the question, at least from a physiological point of view. In view of the almost universal employment of tablets and granules instead of pills and liquid preparations, a brief *resume* of the advantages of administering triturations may prove interesting and profitable.

JOHN AULDE.

Tablet triturates were first introduced to the notice of the medical profession through the teachings of Dr. Robert M. Fuller, of New York; and they have gradually increased in popularity until the present time, when they are to be found upon the price-lists of every manufacturing chemist. Indeed, they can be so easily prepared that retail druggists often manufacture them on their own account. Doubtless many physicians have used them without obtaining the desired results, and probably in many instances the difficulty has been due to lack of proper attention in the matter of trituration. This is especially liable to occur in the case of insoluble substances, such as calomel and mercury biniodide; and where the alkaloids or active principles are employed in this manner, without proper attention to trituration, they are not only inefficient but by reason of not being thoroughly subdivided they may prove dangerous. This latter objection has always been a serious obstacle with the writer when writing prescriptions,

and to avoid complications tablets properly made were dispensed at the bedside.

The necessity for thorough and prolonged trituration of medicinal substances will be apparent when we consider that nearly all of them are efficient because of the irritation which they produce. The original idea which I entertained when beginning the use of tablets was that a smaller dose could be depended upon to accomplish the same result as a large dose; as will be understood when we study the method by which calomel produces physiological and therapeutic effects in certain diseases.

Under the old system a large dose with or followed by a purgative was the rule of practice; but under the new system a purgative is not required, because there is no surplus calomel to be carried off; although a mild saline is often used with advantage to remove objectionable products which may be present in the alimentary tract. This is, however, a very sensible practice, since we now thoroughly understand that systemic disorder is very likely to seek an outlet through the bowels; and by the way calomel does precisely the same thing but by a rather circuitous passage.

When calomel in bulk is taken into the system only a small portion is immediately taken up by the glandular structures of the alimentary canal, the remaining portion being carried forward. By administering a purgative this latter portion is eliminated before it has had time to be dissolved and carried through the systemic circulation. When the bowels are freely moved, as in the case of diarrhea, no danger arises from the large dose of calomel, but when the vermicular activity is deranged the drug may "lodge" and salivation take place. But salivation is much more liable to ensue from the administration of this drug when thoroughly triturated, because the particles are so minute that the entire product reaches the systemic circulation.

Salivation as generally understood is simply the effect of mercurialization of the blood and circulating fluids, together with the arrest or suspension of cellular activity. Salivation is therefore a local manifestation of systemic infection and may arise from various causes, but is principally chargeable to hepatic insufficiency or derangement of the alimentary canal. When given in the form of trituration in small doses, at short intervals, calomel goes directly into the circulation and is carried to the liver, where it acts as an irritant upon the cells, increasing their functionation provided the dose be not too large. The stimulation of the hepatic cells results in increased activity of this organ, but we must guard against too much stimulation which, as intimated above, is but another name for irritation.

After the administration of this remedy and the discharge of pathological secretions and excrementitious matter arising from diseased conditions, our object in medicating will be achieved if the cells are left in a healthy condition. In other words, the object of medication should be to restore, not to destroy function, and this object will be most likely to result from the administration of the smallest dose. And for the above reasons mercury biniodide is far preferable to calomel, owing to the fact that a much smaller dose will accomplish precisely the same results.

As will be inferred, scientific medicine should not stop with the administration of the remedy, because as has been shown in the case of calomel (and what is true of calomel is likewise true of hundreds of other remedies) the intelligent physician is more concerned in studying the method of elimination. Without trituration elimination may be suspended or arrested, when serious consequences arise, owing to the effect of the foreign substances upon cell-life and cell-function. These palpable facts have been grasped by most of the manufacturing chemists, some of whom have laid particular stress upon their facilities for the thorough subdivision of all medicinal substances; but I have doubts

about the general practitioner appreciating its absolute necessity, else there would be fewer prescriptions written for alkaloids and active principles to be compounded by the local druggist.

Philadelphia, Pa.

PEPTENZYME IN DYSPEPSIA.

By W. L. Coleman, M. D.

YOU know, Mr. Editor, how chary I have been in using or advocating the use of proprietary preparations, even allowing my prejudice to go so far as to keep me from investigating or trying that wonderful remedy, Nuclein, till lately. This was caused by the disastrous effects of Antitoxin which I observed in some important cases a few years ago.

But we are never too old to learn, and I take pleasure in saying that you expressed my ideas exactly in your editorial in the December CLINIC on "Proprietary Medicines;" and I want to give your readers a short account of the wonderful success I have had in the use of Peptenzyme, a product from the laboratory of that reliable old firm, Reed & Carnrick, New York. I say reliable, because the few preparations of theirs I have used have given perfect satisfaction in every case.

Again, theirs were the first preparations of the kind I ever saw, and as each label gave the formula of the contents of the bottles, I induced a druggist in Calvert, Tex., in 1871 or '72, to put in a small line of them.

Among these was a compound elixir of helonias root, which I used in conjunction with fl. ext. viburnum prunifolium, in quite a number of cases of habitual abortion shortly after impregnation, in ladies who had been married from six to twelve years and were anxious for offspring. They had been treated for metrorrhagia, menorrhagia, etc., and neither they nor their physicians ever suspected abortion as the cause of their trouble. Every case to whom I gave this preparation was enabled to complete the full term and bear children successfully. I read a paper containing an account of five or six of these cases before the Robertson County Medical Society in 1874, which was afterwards published by P. D. & Co., Detroit, some time in the eighties.

But to return to Peptenzyme. This firm sent me some five-grain tablets of this remedy last spring as samples to try, but owing to my prejudice they were allowed to lie like other samples upon my table unused.

A dear little baby girl, in whom I was much interested, had suffered with indigestion and disordered bowels since she was three months old, and I had been able to give her only partial temporary relief. She was emaciated, peevish, sleepless and a great care to her mother, who brought her to my office November 18, when she was a year old. In my desperation, seeing the sample tablets on the table, I rubbed up several and divided into two-grain powders, directing the mother to give the baby one every time she nursed or took food of any kind. I did not see her for two weeks and in that time she had so improved and fleshened that I hardly knew her. This improvement continued till she is now a plump, laughing, good-humored little one, running about and eating whatever she likes.

I immediately put other cases on the same remedy and it acted just as promptly and like a charm in every one. As I could not find the tablets in this city, I wrote to Messrs. R. & C., who promptly sent me a few dozen; but I have since obtained a full supply of both powder and tablets, and put a number of adult dyspeptic cases to taking the remedy and they have experienced immediate benefit.

I am also using it with decided good effects in several cases of chronic constipation, anemia and general malaise, none of whom had any idea they were in the least

dyspeptic, yet knew they were ill and suffering from some undefinable and unknown cause. It is a great relief to have a reliable remedy to give such cases, though I have been giving in addition to Peptenzyme, in most of these cases, two granules each of strychnine arseniate and quassin three times a day, and latterly five or six tablets of Nuclein (Aulde) a day.

The truth is that most of our ills arise from abuse of the stomach, and dyspepsia has become so common in America that it is frequently spoken of as our national disease. The venerable Dr. Burggraeve, who has written several excellent brochures on the subject, is usually very chaste and choice in his words, and I was much surprised to see in his *Bulletin de Medicine et de Pharmacie Dosimetrique*, a short paper on this disease commencing with these words: "Dyspepsia is the 'goddam' of the doctors;" and then he quotes some French writer as saying that the word "goddam" is the foundation of the English language.

While dyspepsia has always been the *bete noire* of the profession, I hope that many of the difficulties of treating it will be removed by the use of the excellent remedy, Peptenzyme, in connection with our "rifle-shot" alkalometric granules; and, by the way, this medicament comes nearer hitting the center and producing the desired effect than anything I have ever used outside of the alkaloids. If it continues to act as well in the future as it has done in the past, it can truly be said to be the digestant *par excellence*.

And now may I say to the CLINIC'S genial critic, Dr. Epstein, though foreign to the subject, that as all human knowledge is relative, not absolute, and the "truth of to-day is the error of to-morrow," and "there is nothing new under the sun," yet it is permissible to man by theory and the use of his reason to endeavor to elucidate the mysteries of nature by which he is surrounded; and I submit that my theory, so imperfectly set forth, of the cause not only of malarial but of all epidemic fevers, is far more plausible than any ever advanced by the advocates of the germ theory, and that it has more incontestable, natural facts to establish it as a truth than the venerable Newtonian theory of the attraction of gravitation, or several other equally ridiculous theories taught and implicitly accepted as truth at the close of this wonderful century.

I may live long enough to reject every idea I have advanced, in consequence of more light and better knowledge obtained, and for this very reason I want to disclaim any intention or thought of calling in question Dr. Cuzner's statements of his success in treating yellow fever and curing cases of black-vomit. I only said if his diagnosis was correct that it was contrary to all my teachings and experience of forty years, as well as that of all the old yellow-fever experts of the past.

After the fearful epidemic of 1853, a young physician was telling the celebrated Prof. Warren Stone about the nnmber of cases of black-vomit he had cured, and the Professor taking out his double-cased watch, said, "Young man, if I take the works of this watch and throw them into the street, will the case be a good time keeper?"

The young doctor replied: "Of course not."

The veteran said: "So I have found it with all patients who have black-vomit, and all my cases have died."

Dr. Cuzner points to Dr. Sohl as a living example of a case, of black-vomit who recovered. So am I pointed to by some as such a case, among them by Dr. A. H. Ketchum, of Navasota, who as a young man just from college visited me at my worst, with the aged Greenville Dowell, M. D., of Galveston, both of whom thought I was throwing up black-vomit and said I was bound to die. I did not meet Dr. Ketchum till 1895, twenty-two years afterwards, and the first words he said were: "Well,

Doctor, you are an example of a recovery from black-vomit."

I said: "No, Doctor, I want you to get that erroneous idea out of your head. I did not have black-vomit, and the case is not living who ever did."

But I do not propose to get into a controversy upon the subject, for I do not believe we will ever have another epidemic of that disease in this country.

But I want to call a remarkable fact to Dr. Epstein's notice, with his permission:

It is that all well established germ diseases with two exceptions belong to the dermatoses or skin diseases, and I am not fully satisfied in my own mind that the two exceptions, yellow fever and typhoid fever, are germ diseases, though I know each is produced by its "specific infection."

Houston, Tex.

THE TREATMENT OF OPHTHALMIA OF THE NEW BORN.

By H. H. Brown, M. D.
Prof. Ophthalmology, Ill. Med. College,
Instructor in Chicago Policlinic.

THIS is a disease so frequently met with, and one for which such varied lines of treatment have been prescribed, that I feel a degree of hesitancy in occupying your attention for its reconsideration. But when we stop to consider the large number of eyes that are affected, and of these thus affected the large per cent that are lost, even with our higher standard of midwifery, more thorough prophylaxis and improved methods of treatment, no apology for your time need be asked, for but a reference to statistics is necessary.

H. H. BROWM.

Fuch states in his recent work that "in the asylums for the blind in Germany and Austria, those who are rendered blind by blenorrhea neonatorum form more than one-third part of the whole number." And on the whole those who are rendered blind in this way certainly constitute more than one-tenth part of all living blind persons. In Europe alone there are over 300,000 blind persons, and were blenorrhea neonatorum made to disappear from the causes of blindness, by universally carrying out a thorough prophylactic treatment, there would be in Europe alone 30,000 less blind people. The cause of this disease all are practically agreed upon, and with the symptoms we are equally familiar. Therefore it is to the prophylaxis and treatment I desire to call your attention.

First as to prophylaxis: It is conceded by all that it is infinitely easier to prevent disease of any kind than to cure it when it has become established. In failing to observe this principle I am confident the greatest possible error is committed. For the accomplishment of this purpose, namely, prophylaxis, I have always insisted that it is the physician's duty to first exert all possible means by vaginal cleansing, etc., to prevent infection of the eyes during parturition; and that following the delivery of the child it is equally his duty to personally inspect the eyes, before committing it to the charge of the attending nurse. Remembering that children have been brought into the world with blenorrhea already fully developed, therefore, an early inspection may possibly save much future trouble and perhaps loss of vision. I think the practice of committing the child entirely to the care of attendants cannot be too severely criticised.

I am, however, aware that no little difficulty attends a thorough examination of the new-born eye. I am also aware that too little attention is given to it by physicians. For an examination of the eye three things are necessary: Patience, time and thoroughness. But a full exercise of the former two is most certain to accomplish the latter.

To evert the lids of the new-born is no

small task, but to the accomplishment of the end, namely, thorough inspection and cleansing, it is not absolutely necessary that the lids be everted. By the use of those solutions commonly employed, a careful separation of the lids by the thumb and first finger, and a kneading process of the lids over the eyeball while the solution is slowly dropped into the eye, our object will be accomplished. But frequently little effort is required to evert the lids and when possible it should always be accomplished, as more thorough cleansing will be insured by a greater exposure of the conjunctival tissue.

Much has been said as to the solutions used in the so-called prophylaxis of ophthalmia neonatorum. Crede's plan has perhaps been mostly recommended, but to me the dropping into the eye of one or two drops of two per cent solution of nitrate of silver, as advised, seems attended with no little amount of risk to the integrity of the cornea, as the ability of the cornea to resist injury is so slight in many cases. Few, however, doubt the efficacy of the silver solution or fear the harm following it, if it is used upon the conjunctival surface alone, after the lids have been everted and lightly pressed together to render perfect protection to the cornea.

And while I do not for one moment discredit the value of silver, if properly used at this stage of our treatment, I have always felt that for this purpose we have at hand means equally as valuable, and which are not fraught with so much danger; especially in the hands of those inexperienced in the use of nitrate of silver about the eye. I therefore prefer a solution of bichloride of mercury, as equally certain to accomplish the desired effect and yet not necessarily of such strength as to be dangerous to the well-being of the eye.

The method of using it is as suggested above: By carefully washing the everted conjunctiva, or by taking plenty of time in carefully kneading the lids and using a sufficient quantity of the solution, dropped into tbe eye by the medicine dropper, I believe one to 10,000 solution of the bichloride at the temperature of the body or slightly higher is of sufficient strength. I prefer this to the one to 5,000 solution, as many adult eyes are frequently much irritated by the latter. A saturated solution of boric acid used in the same manner is believed by many to be as certain in its effects.

But unfortunately too often our first acquaintance with the eye finds it in a condition beyond the reach of prophylactic measures and in such a condition that immediate treatment must be instituted; for frequently all home remedies have been tried before the physician has been called and the case has already reached a stage of alarming degree, being in the early inflammatory or actual suppurative stage.

If the case is seen in its earlier stage of inflammation, when those alarming symptoms which usually accompany this stage are present, chief among which being œdema of the lids and bulbar conjunctiva, even then a thorough chemosis with the bichloride or boric acid solution, with as constant applications of ice compresses as the little patient will permit, in many cases will abort the disease. I might add here that in some cases the application of ice compresses proves so depressing to the patient that we are forced to abandon them and depend entirely upon irrigation and hot compresses. For the latter purpose I have been in the habit of using small pieces of lint, wrung out of hot boric acid solution and frequently applied over the eye; this to be continued as long as the swelling of the lids exists, at no time allowing any secretions to accumulate within the eyelids.

To accomplish this latter purpose, in addition to the above irrigation I have found that a salve composed of boric acid, fifteen grains to the ounce of vaseline, a small amount beiug applied to the margin of the

lids, acts as a valuable agent in preventing the accumulation of secretions within; as spasm of the lids in many instances will cause a large retention of secretions.

Proper attention to the details in treatment of ophthalmia in any stage requires a constant attendance on the part of the nurse; and I need not add that should but one eye be affected all possible precautions should be observed to protect the well eye.

Should the case, however, have reached a further stage of development and present the characteristic purulent discharge, then in my hands but one line of treatment is of avail, namely, the use of nitrate of silver solution; notwithstanding the large number of remedies which have been suggested, and their marvelous results chronicled. Its efficacy, however, depends entirely upon the manner in which it is used; bearing constantly in mind that the one tissue to be protected in the use of nitrate of silver is pre-eminently the cornea. Too much stress cannot be put on the method of applying the silver solutions to the lids, for I am positive that a great majority of the disastrous results to the eye reported after the use of nitrate of silver solution can be directly ascribed to the reckless manner in which it has been used; thus establishing the prejudice which exists in the minds of so many against its use. One need but refer to his almost daily experience in the practice of ophthalmology to recall instances in which silver solutions of varied strength have been prescribed, and ordered to be dropped directly into the eye, and the condition in which the eye is found alone explains the results.

My method of the use of the silver solution in detail is as follows: I place the little patient upon the lap of the assistant, seated in good light, and taking the child's head between my knees I rest it upon a blanket and carefully close my knees upon the head sufficiently to insure a reasonable degree of quiet. I then evert the lids completely, although at first this may be difficult to accomplish, exposing all of the conjunctiva possible and especially that of the fold of transition, by gentle pressure exerted by the thumb and first finger. Thus having exposed the conjunctiva as above suggested, and without changing the position of the fingers engaged in holding the lids everted and closely pressed together in order to insure perfect protection to the cornea, with my previously prepared silver solutions, warm water or boric acid solution and a camel's hair brush, I carefully though thoroughly touch all portions of the exposed conjunctiva with the silver solution, being careful not to have an excess of the solution upon the brush as unnecessary risk may be thereby avoided. After I have satisfied myself that all portions of the swollen conjunctiva have been reached, I carefully wash off the excess of the silver solution with warm water or boric acid solution, carefully dropped upon the conjunctival tissue with the medicine dropper. I then allow the lids to resume their proper position and insert between them a small amount of the boric acid salve above referred to, as a possible protection to the cornea from the harsh condition of the lids thus produced by the silver solution.

As to the strength of the silver solutions used, all depends upon the individual case. If the discharge is profuse and creamy my custom is to begin with a four to six per cent solution for the first application applied as above; and the strength used at the time of the next treatment, which should not be longer than forty-eight hours, will be varied according to the results obtained from the first treatment. Should the discharge have diminished I use the same or a slightly weaker solution. Should the discharge continue as profuse I do not hesitate to use an eight or ten per cent solution or even a stronger. I have never in my clinical or private practice felt the necessity of using a solution stronger than twelve per cent; but it has been used

with good results, to my personal knowledge.

I believe that the silver solution should be continued in varied strength as above indicated and with such frequency as the case demands until all possible trace of purulency has disappeared.

Between the applications of the silver solutions to the lid I never allow any secretions to accumulate about the eye; and in order to insure a degree of thoroughness in this respect I have found it necessary to always instruct the nurse how frequently the eyes should be cleansed, not only externally but instructing her that the lids be carefully separated and a few drops of the cleansing solution dropped into the eye. For this solution I prefer the saturated solution of boric acid. The frequency with which this cleansing should be performed depends upon the amount of the discharge, varying from fifteen minutes to two hours throughout the twenty-four hours.

It is the physician's duty at each time of seeing the patient to carefully examine the cornea, as the prognosis of the case can only be predicted by carefully watching the cornea. A thorough exposition of the cornea is frequently accomplished with difficulty, owing to the intense swelling and spasm of the lids so frequently present. I therefore always carry in my pocket a small lid retractor for this purpose and by its use the cornea can be brought into view.

On the least manifestation of complications to the cornea a drop of a two grain to the ounce solution of atropine sulphate should be instilled into the eye; and this is repeated twice a day as long as there is evidence of corneal complication.

As to the length of time required to cure a case of ophthalmia neonatorum, much depends upon the individual environments and the stage in which the case is found when first seen, varying from three or four days to two weeks. But I have become thoroughly convinced that if the proper prophylaxis be observed our cases of ophthalmia neonatorum would be reduced to the minimum; and I am equally persuaded that once thoroughly established a more careful attention to the details in treatment would be rewarded by infinitely better results, whether we rely upon the use of silver solutions or on any of the numerous methods advised.

I would not wish to be misunderstood in my remarks upon the use of nitrate of silver in ophthalmia neonatorum. While I believe that more good can be accomplished by it than by any other one agent, yet I am aware that other methods of treatment have a potency; and of these I might mention the use of boric acid solutions alone, bichloride of mercury solutions alone, or formalin and alumnol alone, as having been recommended by some. My own experience in these, however, is not of such a nature as to lead me to rely upon them; always being forced by a self-conviction to return to the silver solutions.

103 State St., Chicago.

LARYNGEAL DIPHTHERIA.

By W. D. Richards, M. D.

I notice in the December CLINIC several mentions made of "sanguinarine." I also note an article of the same date, page 479, from Dr. O. I. Hess, in which he deplores his ill success in a certain case of diphtheria, which terminated fatally by laryngeal stenosis. The above mentioned articles, together with the editor's comment upon the latter, in which he (the editor) deprecates the continued use of calomel in diphtheria, have prompted me to report at least one case that occurred recently in my practice.

W. D. RICHARDS.

The case I shall report is one of diphtheria of the larynx, the most fatal disease to which childhood is exposed; much more than a primary laryngeal diph-

theria as it is located at the outset on a respiratory mucous membrane, with a decided tendency to extend downward into the lungs from continuity of a like tissue.

On the night of November 20, at 11 o'clock, I received a telephone message to call on a sick child in a neighboring city. In less than an hour I was at the little patient's side, where I found the family physician in attendance. I had never met him before, but was gratified to learn that he was a reader of the CLINIC; and on becoming better acquainted with him, to be convinced that he was a thoroughly competent physician and up with the times, as I believe most of the readers of the CLINIC are.

The little patient was a female babe, eight months old; and I found it in a bad condition indeed. The ordinary and accessory muscles of respiration were striving with desperate force to expand the thorax and meet the demands for oxygen, causing great recession of the suprasternal notch, supraclavicular region and epigastrium; great restlessness; stridulous respiration; color leaden and the lips bluish, from insufficient aeration of the blood. I learned from the parents that although the child had been ill for several days, there had been no serious symptoms until the night preceding my visit, when their physician was called; but notwithstanding the doctor had resorted to every means usually employed in such cases, the child gradually grew worse until dissolution seemed certain.

After a hasty consultation we decided to intubate; and I sent to my office three miles away, for my instruments, and set about to try to sustain life until they arrived. We gave full doses of brucine, apomorphine, pot. bichromate and glonoin, every fifteen minutes; and were gratified to find improvement after the second dose, so that when the instruments arrived the respiration was less stridulous, cough somewhat looser and color much better. So that we concluded, on account of the tender age of the patient, to defer intubation until the symptoms grew worse. We watched until 3 o'clock a. m., and after reducing the dose of glonoin and apomorphine, and instructing the parents to call the doctor (who lived but two or three squares away) in case the child grew worse, we left. Returned at 10 a. m.; did not find much change, ordered treatment continued, and returned again at 3 p. m., when the symptoms were all worse. Increased glonoin, and waited one hour, but saw no improvement; so introduced one of O'Dwyer's tubes into the larynx, which was easily accomplished, taking perhaps ten seconds to perform the operation; and "presto—change!" the respiration was easy, healthy color returned and the child fell asleep.

We prepared the following: Brucine, 1-134, 8 granules; sanguinarine nitrate, gr. 1-67, 8 granules; potassium bichromate, gr. ½, 1 tablet; water, 24 teaspoonfuls. Directed a teaspoonful every hour. Calomel and soda, of each, gr. ½, every hour. This treatment was continued throughout the disease, without the omission of a single dose.

On the 24th I removed the tube to clean it, when a large amount of disorganized membrane was expelled; and I was in hopes that it would not be necessary to reintroduce the tube, but all the symptoms grew worse and after about two hours we introduced it again. I removed it finally on the 27th, after which the child made an uninterrupted recovery, and was discharged on the 29th, with a solution of brucine and sanguinarine, three granules of each, in twenty-four drachms of water; a teaspoonful every two hours.

I want to say in regard to sanguinarine that I have been using it frequently of late, in all classes of embarrassed respiration from whatever cause, and the results in the main have been satisfactory, And I have come to the conclusion that it is a remedy worthy of extended trial in diphtheritic

(membranous) croup, although I do not think that it or any other drug, or combination of drugs, will bring any but the fewest number of mild cases to a successful issue, unless some mechanical means are resorted to in order to aerate the blood until the disease is terminated.

And here is one place that Dr. Hess erred, in not intubating or making a tracheotomy. If I understand him correctly, his case did not die from diphtheria but from stenosis of the air passages. Either of the operations would have given the patient at least a chance, and we have no right to deny the patient that chance be it ever so slim, when we know that without it there can be but one termination. A tracheotomy can be performed with a pocket-knife, and certainly every physician has at least that much with him.

During the progress of such an exhausting disease, we must not neglect nourishment; for this there is nothing better than milk, in as large quantities as can be assimilated. Then look to the heart. Don't wait till it begins to flag, but begin early with the prince of tonics, strychnine, and keep it up even after the danger has apparently passed. Then do not forget to neutralize the poison that has been and will be absorbed into the system and for this what have we better than mercuric chloride or calcium sulphide? Either must be in large doses, and continued until the disease has begun to decline, when the dose can be reduced. Children with diphtheria are peculiarly tolerant of the mercurials.

Then next comes the topical applications. I would say here that in giving sublimate or calcium sulphide, it is well to give them in solution, so as to obtain the local as well as the constitutional action. In addition to these comes, first, hydrogen peroxide, (H_2O_2), which must be a reliable article. All makes are exceedingly unstable, as is readily observed by the chemical formula, H_2O_2; simply water, H_2O, with an extra atom of oxygen to each molecule, H_2O plus O, equals H_2O_2. The extra atom O, is not well satisfied with its forced union with Mr. H_2, who already has one wife, O, and consequently will part company on the least provocation or opportunity, and form union with some more congenial companion; and thus reduce a former good article of hydrogen dioxide to an inferior quality of water.

And as might be inferred from its ready resolution into water and oxygen, it is a powerful oxidizing agent, and its use in diphtheria hinges on this property. Added to pus or blood it causes disintegration of the corpuscular elements with brisk effervescence, and for this reason it is a delicate test for pus or blood in the urine. Owing to its instability it must not be made an ingredient of a composite mixture. The bottle should be well corked and kept in a cool place, as it is decomposed by heat or exposure. It remains fluid much below the freezing point of water. Dr. Hess may have used only water, for if it did not "fizzle and foam" it was certainly not H_2O_2. There are many other valuable topical remedies, but to mention them would make my paper too lengthy.

I presume that our editor will criticise the seeming large amount of calomel given in this case, and it does seem like a good deal; eighty-four grains in seven days for a child eight months old. But, as before stated, it has been demonstrated that children with diphtheria have a peculiar tolerance for the mercurials, and I consider them my sheet-anchor in this disease. I always commence with calomel, and if for any reason I discontinue its use I substitute the bichloride ($HgCl$), of which I have given as much as gr. 1-32, every two hours, to a child two years old, and never had reason to regret its bold administration.

To summarize: Peroxide of hydrogen is a precious resource in pharyngeal and nasal diphtheria as a topical remedy. Nothing equals strychnine or brucine as a tonic and stimulant to sustain the heart

during the attack, and to prevent serious sequels during convalescence; mercurials and calcium sulphide to prevent and counteract infection; intubation for stenosis; and sanguinarine as a stimulant expectorant, and to assist to liquefy the membrane, in the laryngeal form of the disease.

And now Mr. Editor, I must ask your pardon for being so long winded. I did not intend to be so when I commenced, but it "just grew and grew." If you wish to trim it I will not be offended.

W. D. RICHARDS, M. D.

Dayton, Ky.

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No, the editor does not care to trim a word of this paper. And as to calomel, we always use drugs for effect; the size of the dose is solely regulated by the effect we wish to produce. The administration of calomel in large doses in diphtheria has won many adherents in the last ten years. What has been the experience of our readers with it? Let us have both sides.

Dr. Richards is right in advocating more general use of intubation. It is not difficult, and would save many lives if employed early enough.—ED.

ELECTRICITY IN DISEASES OF THE EYE.

By W. H. Walling, A. M., M. D.

The three forms of electricity used in medicine, the faradic, galvanic and franklinic, are all more or less applicable in diseases of the eye. The use of the franklinic, however, is limited to general treatment by insulation and to the spray from the point of a wooden electrode. The spray is for the local and the insulation for the constitutional effect.

The faradic and galvanic currents are applied by means of a cup electrode filled with water, medicated or not according to the indicated treatment, by a sponge or cotton pad or the fingers of the operator, applied to the closed lids; or if the galvanic current is used to the lids or naked eye with suitable electrodes, the method is to be determined by the conditions.

METAMORPHOSIA.

A correction. On page 483, December CLINIC, Dr. Gregory asked for help in his own case, to which I replied in the January number, page 47. The printer twisted my "phosphenes" into phosphorus. Will the readers please correct the error in their journals? As stated in the answer the metamorphosia in the doctor's case is undoubtedly due to deficiency of nutrition in the retina, and will doubtless be relieved by the application of electricity as outlined in my answer. If the defective vision was due to a staphyloma it would be constant and not intermittent.

Asthenopia, frequently classed as eye-strain. This is a condition of weakness and inability to use the eyes, accompanied by hyperesthesia of the retina and ciliary nerves, which may persist in spite of a careful correction of anomalies of refraction.

In this condition we may use at different times all three of the forms of electricity at our command, but in most cases a mild faradic current will be found effective.

The technique is as follows: Use the secondary coil of a smoothly moving faradic battery, having as much of the coil uncovered as can be used with comfort; place a controller in the circuit and apply the positive pole to the closed eye-lids, either with a cup electrode, a pad or the fingers of the operator. The negative pole may be held in the hand of the patient or placed on the back of the head, preferably the latter. Having the electrodes in position turn on a comfortable, pleasant current and let it run for four to ten minutes, increasing the time at each sitting. Having obtained the maximum strength or intensity of current at the commencement, do not change it during the sitting; as sedation occurs the patient will state that the current is not felt. If it is increased until again felt, the nerves are rendered irritable and sedation must be again secured. This

I consider bad treatment in such cases.

The application may be to both eyes at once if both are involved, as they frequently are, using a bifurcated electrode. The sittings should be held at least every other day and in serious cases every day, and be persisted in. At the same time the eyes must be placed at rest as much as possible, and in severe cases absolute disuse must be insisted upon.

One great difficulty with which we have to contend in these cases is that the eyes have been as a rule sadly abused, and the patient expects complete and almost instant relief by wearing glasses while keeping constantly at work. Under such conditions we are of course working at a disadvantage.

The judicious use of electricity will do more, however, for asthenopic patients than any other line of treatment. Indeed, it is their only hope in many cases. In these conditions I have given relief with the faradic current when all other remedies failed. We must not, however, expect or promise too much. Asthenopics are difficult cases to treat and must be held to as strict a course of treatment as is possible, and even then failure may result.

If the case does not progress satisfactorily under the faradic current recourse may be had to the galvanic. With this current we may use morphine or cocaine on the anode or positive pole if deemed advisable, but the application of cocaine should be very cautiously made. The treatment most generally successful is by the cup electrode filled with plain water as the positive pole, the negative being placed on the head. Having the electrodes in position, turn on one-half to two milliamperes of current and pass it for five minutes at first, increasing the time as with the faradic. If a meter is not available bring from three to four cells into the circuit, and then gradually turn on the current by means of the controller. Only a very slight burning sensation will be noticed on the eye-lids unless the current is too strong. If a controller is not used, either place both electrodes closely together on the face, the current being on, and then gradually separate them to their respective places, and when through with the treatment bring them together again before removal, or one may add cell by cell after the electrodes are in position.

Whichever method is used, flashes of light or phosphenes will be produced to a greater or less extent, but no attention need be paid to them. They are the physiological effects of the stimulation of the optic nerve and its continuation, the retina. The most important point in this connection is that the current should not be too strong.

If the battery used be one of the red-acid variety and the cells freshly charged, three cells will be sufficient. If the fluid be weak from six to ten may be needed. The only objection to the increased number of cells is that the voltage is too great for the amperage. In all our applications only sufficient voltage to carry the necessary amperage should be used and no more. With a weak fluid the amperage is lessened but not the voltage, hence we should keep our battery fluid in good condition by frequent renewal. The Law, Leclanche and kindred cells, using a solution of ammonium chloride as the electrolyte are preferable, as they retain constancy of voltage much longer than the red-acid variety.

(*To be continued.*)

1606 Green St., Philadelphia, Pa.

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Dr. Walling gives another interesting and instructive lesson on the manifold uses to which electricity can be put. He has also solved an important financial problem, especially pressing in these hard times, of how to take a Polyclinic course in electricity without leaving one's business and going to Chicago. His correspondence course is just about what many of us want, who wish to know all we can accomplish with our batteries.—Ed.

APPENDICITIS.

By C. E. Ide, M. D.

I AM very strongly inclined to doubt the correctness of the diagnosis in the cases reported by Dr. Case, in the January CLINIC, page 16, as appendicitis. There is a class of cases which are correctly termed fecal impaction, simulating appendicitis, or "symptomatic appendicitis," which are five times as frequent as true appendicitis and have often been confounded with it. The result of this is that marvelous cures have been reported by some men as following simple medical treatment, in contradistinction to surgical treatment, and in consequence there has been much controversy and confusion among the members of the medical profession—"medical cure" men on one side, surgeons on the other.

Sometimes fecal impaction simulating appendicitis will produce a temporary catarrhal appendicitis, caused by the damming back of the secretion of the appendix by the collection of the feces at the head of the colon. This catarrhal appendicitis is readily relieved by medical treatment —free purgation by calomel and salts. This condition was early recognized and its treatment formulated by Geo. B. Wood.

As to all other cases of appendicitis, to quote Dr. Mordecai Price: "It is the accepted opinion of surgeons throughout the civilized world, that when the diagnosis of appendicitis is made, treatment is purely surgical."

In the cases of catarrhal appendicitis the appearance of the patient at the start is like that seen in cases of true appendicitis, and a mass is found in the iliac fossa *at the very outset* of the trouble. This mass consists of the feces impacted at the head of the colon, and the swollen appendix filled by its own pent-up secretion. These cases should be considered as part of a fecal impaction and not as true primary appendicitis.

Pain in the abdomen, tenderness at McBurney's point, or over the right iliac fossa, and increased temperature, are symptoms of appendicitis. Later a mass in the right iliac fossa is added to the list. But these same sizes and symptoms are seen in other conditions besides appendicitis. I have been called out to cases with agonizing abdominal pain, tenderness, high temperature, vomiting, and a mass (of feces) in the right iliac fossa which very much resembled appendicitis for a time; but when the bowels had been moved freely and the case studied more at length they proved to be cases of gastro-duodenitis, gastritis, ulcerative colitis, fecal impaction or diseases of the ovary or tube.

Professor Delafield of New York says: "It is astonishing how hard it often is to diagnosticate between an acute catarrhal gastro-duodenitis and appendicitis. Some times the differential diagnosis cannot be made"—(without an exploratory cœliotomy). These cases merely show how many conditions closely simulate appendicitis at their start.

In cases of true appendicitis we do not see the sudden formation of a large abscess or indurated mass, and when such is once developed we find that it is not so easily gotten rid of except by surgical treatment. It is generally easy to say when true appendicitis really exists, but the trouble for us is to say when it does not exist, after being suspected.

The other day a young unmarried woman was sent to a private hospital in this city for operation, with the diagnosis of appendicitis. The surgeon, relying on his brother practitioner's diagnosis, was not careful to examine by vagina and rectum, but went into the abdomen and found there a perfectly healthy appendix, but a melano-sarcoma of the right ovary.

Not all inflammatory troubles in the peritoneum are appendicitis. The differential diagnosis is generally made by producing free purgation. Until this is pro-

duced appendicitis cannot be positively excluded.

The history of a case of fecal impaction simulating appendicitis is generally as follows: Following a history of constipation, sometimes after a gluttonous meal (in most cases), the patient is seized with a chill, high temperature, agonizing pain, and a mass is found in the right iliac fossa. The appearance of the mass may be accompanied by pain alone, without the chill and fever. In such a case it is very difficult to say that appendicitis does not exist until the bowels have been freely evacuated. If the patient recovers at once, all symptoms disappearing, you may be sure that you did not have a case of true appendicitis. If the symptoms and signs continue you can be sure that you have appendicitis unless disease of the ovary or tube is found, and had better begin to think of operation.

Now as to Dr. Case's report. In case 1: "The bowels were slow to act, but when they did large quantities of grape pits were passed" (and the man was relieved). At the first call the man had severe pain, tenderness, circumscribed induration, tense abdominal muscles, right thigh flexed, pulse 108, temperature 100, bowels constipated, with a history of eating freely of grapes and swallowing the pits. In six hours the pain was still present. The next day the pain was unabated, tenderness over a large area, pulse 120, temperature 102. This state of affairs continued with steady increasing pulse and temperature until the fourth day, when there was *diffuse peritonitis* with pulse of 130 and temperature of 103. As a last resort before operation he was given hyoscyamine. Relief came on the fourth day. Note that the bowels were not moved until after the fourth day and that when they were moved the man began to improve. It is very certain that if the bowels had been freely evacuated at the start the man would have been well before the end of the fourth day. The man had symptoms which are seen in appendicitis, as pain, tenderness, tense abdominal muscles, flexed thighs, iucreasing pulse and temperature; but you never get induration on the first day of an appendicitis, which can be palpated from above through the abdominal wall. The bowels had been constipated and the mass felt in the right iliac fossa consisted of impacted feces and grape seeds. "On the fourth day diffuse peritonitis was present." Now if a diffuse peritonitis had suddenly supervened upon an appendicitis, it would have resulted from an extension of inflammation from the appendix, and there would have been pus in the peritoneal cavity. In such a case there would have been collapse with a low temperature. On the contrary this affection from which the man was suffering remained sthenic and his temperature went up. The induration which remained may have indicated a catarrhal appendicitis brought on by the fecal impaction.

This was clearly a case of fecal impaction simulating appendicitis, all of which would have been made plain by evacuating the bowels at the start. Instead of this he was given two hypodermics of one-half grain of morphine sulphate, at an interval of six hours. The hot water injections were not begun until the third day and the bowels were not moved freely until the fourth day or later.

The treatment consisted of morphine, poultices, and hot injections. If the morphine had been administered once at the start in dose of gr. 1-4, followed at once by calomel and a saline, ice bags substituted for the hot poultices, and the hot injections begun at once, there is good reason to believe that the man would not have been kept ill ten days.

In case 2 there was the tumor; severe pain; *general peritonitis;* vomiting; red, dry tongue; constipation; pulse 130; temp. 104. Hyoscyamine, hot sitz baths and brucine were ordered and improvement began in twelve hours. On the third day

the bowels acted voluntarily and the stools contained undigested apple skins. On the fourth day the patient was convalescent and there has been no trouble since. Imagine a case of appendicitis with *general peritonitis* improving in twelve hours under hyoscyamine, brucine and sitz baths, and well in four days when the bowels were not moved until the third! Imagine giving sitz baths to a patient with general peritonitis. Flatulence is not general peritonitis. If that boy's bowels had been evacuated, by a colon tube if necessary, that would have ended the story. It is beyond human possibilities to remove a tumor from the iliac fossa and "cure" a case of appendicitis with general peritonitis so easily.

The condition existing was fecal impaction. This was neglected until the bowels moved themselves and saved the boy.

In case 3 there was severe pain on *deep* pressure over McBurney's tender point; abdominal muscles tense; restlessness; vomiting and constipation; and *the patient had some trouble in getting his bowels moved* with the injections. When he did there was immediate relief and the stools contained a number of raisin seeds, he having eaten freely of them several days before. Here the man was at his place of business on the fourth day from the beginning of his illness. Here again the evacuation of the bowels should have been seen to at once and if the first attempt was not successful a tube should have been passed through the rectum and sigmoid flexure and the whole colon washed.

The same comments can be made with regard to cases 4, 5 and 6.

Now I consider that all these were cases of fecal impaction and that the recoveries were not due to hyoscyamine and strychnine arseniate, but to the tardy evacuation of the bowels. This was the first thing to do in each case, and the attending physician should see this done before leaving the patient unless he can leave the work in the hands of a trained nurse.

Fecal impaction and flatulence have been the cause of death in many cases reported as appendicitis, when by energetic treatment at the start in the way of emptying the bowels by a large, warm enema or lavage of the colon, the patients could have been saved.

Dr. Case might well be surprised at the quick recovery of his cases. An appendicitis which had gone on to the formation of a tumor could not be overcome with simple remedies in four or six days.

There is no such thing as specific treatment for appendicitis, unless we call cœliotomy and removal of appendix, or evacuation of an appendiceal abscess such.

It is true that all these cases showed some or all of the signs and symptoms of appendicitis, but a differential diagnosis was not attempted. The conclusion that they were cases of appendicitis was apparently lumped at and some treatment given. Nature finally triumphed by emptying the bowels and all recovered. Examination by rectum and vagina was not reported, if done, and the point which decides the diagnosis, the evacuation of the bowels, was forgotten entirely.

As to the treatment of true appendicitis:—I would like to recommend the use of ice bags. It has always been my conviction that poultices could but favor the development and activity of germs, furnishing heat and moisture. A poultice is all right to relieve pain when there is no suppuration. If it is desired to abort or shorten the course of inflammation, or prevent the growth and action of bacteria, or prevent suppuration, the use of cold will do it. Besides these effects the cold lessens or entirely does away with pain; so it is not necessary to administer morphine, which renders the bowels sluggish. A hypodermic of morphine at the start, followed by the constant application of cold by ice bags, supplemented if desired by hyoscyamine, is sufficient generally to keep the patient comfortable. In addition to

this the cold opposes the inflammation with its congestion. The bowels should be moved freely at the start by calomel and a saline, the saline to be repeated daily in small doses frequently repeated until the bowels move. This treatment, with milk diet, rest in bed, frequent bowel washes and, if desired, a bowel antiseptic, as strychnine arseniate or copper arsenite, is sufficient for a simple, straightforward case of catarrhal appendicitis. If pus has formed it is not safe to wait and see what will happen. The only thing to do is to resort to operation. The operation need not take a long time or produce great shock. An efficient surgeon should be sent for.

It is one's duty to examine all suspected cases of appendicitis by rectum (and vagina if in a woman), for an induration or abscess of the appendix can often be detected in this way in the early stages, when it cannot be palpated or percussed through the abdominal walls. I have seen cases where an unsuspected abscess of the appendix ruptured into the rectum, because this expedient had not been resorted to.

The one point to remember first, last and all the time, is to empty the bowels. The physician should not go to his rest until this is done. In illustration I would like to quote two cases: Day before yesterday a friend of mine was seized in the early morning hours, by severe abdominal pain, with vomiting of bile and tenderness of the abdomen, especially the upper part. He sent for the nearest physician, who administered a hypodermic of morphine and left some medicine in a glass. This was all that was done. Yesterday morning the doctor was called again, continuing the treatment with lead and turpentine rubbed over the region of the appendix in addition, and imparting the information that the pain, which had descended to the right iliac fossa, was in the region of the vermiform appendix and that next day he would know whether it was appendicitis.

Last evening word which had been sent to me in the morning reached me and I hastened to my friend. I found him with an anxious countenance, great weakness, hurried respiration, a pulse of 80, with now and then a paroxysm of pain across the abdomen, and tender abdomen on pressure. He could lie on his back with his legs stretched out straight. I asked him when his bowels had moved. He said they had moved a little on the morning of the previous day, before the doctor came. He had been suffering intensely for two whole days, had been under treatment by a physician for that time and yet his bowels had not been moved. He had had one hypodermic of morphine, some medicine in a glass and the information that the pain had descended to the region of the vermiform appendix. I have seen him again to-day. In consequence of his bowels being opened he feels comfortable to-day, can lie in any desired position, has some appetite and wants to sit up.

For some time this man, who declares that he is subject to "cramps," had been partaking freely of "pop-corn," had gotten along with very little sleep, and had taken very little exercise.

I was called recently to a woman, whom I found suffering intense pain and vomiting. She lay with her knees drawn up and had a high temperature and was much prostrated. On getting her history I found that she had suffered from an attack of "bloody dysentery" a year before, and since then had been constipated most of the time, with much flatulence. I learned that the present attack really had a start of several days. No tumor or even "slight induration" was discernible on examination in the region of the appendix, through the rectum or vagina, but the large intestine was considerably distended by feces and gas. She was given a hypodermic of morphine, put on a milk diet, with absolute rest in bed, the bowel cleaned out by enemata with castor oil in addition, bowel

antiseptics of copper arsenite, listerine and naphthaline, ice-bags over the right iliac fossa constantly, and hot bowel washes each day. We had a trained nurse to care for her. The woman also had some very troublesome hemorrhoids to annoy her, and in addition to this was very hysterical, yet she made a good recovery inside of two weeks. This I considered a case of catarrhal appendicitis, with vomiting from fecal impaction, which was the culmination of chronic constipation.

Buffalo, N. Y.

INFANT FEEDING.

By A. T. Cuzner, M. D.

[SECOND PAPER*]

THE following is from an editorial in the *Medical Council:*

"Artificial infant feeding is probably best accomplished by the use of sterilized cow's milk, diluted with pure distilled water, and capable of ready regulation as to all or any of its component parts, so that milk may be obtained of any strength required as to some of its constituents whilst others may be reduced to a minimum or eliminated altogether. No one food can be made or exists that will suit the needs of all children."

A. T. CUZNER.

The following is taken from the *Public Health Journal:*

"Nearly every form of infant food has been used in the New York Infant Asylum. The experience with them as foods—something for the infant to thrive upon and to gain weight on — was without exception unsatisfactory. Many varieties are positively dangerous. Cow's milk, cream and milk sugar, properly diluted, were demonstrated to be the only reliable substitutes for mother's milk."

The "cream and milk sugar, properly diluted," alluded to above, is doubtless that of Arthur V. Meigs, M. D. Below we give his analysis of milk and his instructions how to prepare his "artificial food."

ANALYSES OF MILK.

By Arthur V. Meigs, M. D.

	Cow's Milk.	Human Milk.	Meigs' Artificial Food.
Water	87.012	87.163	87.639
Fat	4.209	4.283	4.765
Casein	3.252	1.046	1.115
Sugar	5 000	7.407	6.264
Salts	.527	.101	.217
	100 000	100.000	100.000

"It is to be noticed that the water and fat are nearly the same in cows' and human milk; the great difference occurs in the proportion of casein and sugar. In the artificial food this difference is overcome by dilution with water and the addition of sugar and fat (cream)."

"There must be obtained a quart of good fresh milk, not too rich and not too poor; average milk is best. This is placed in a high pitcher or other vessel and is allowed to stand in a cool place for three hours. The upper half or pint is then poured off, care being taken not to shake the vessel, and this upper pint of weak cream is to be kept for the use of the infant.

"There must also be made a solution of milk sugar of the proportion of eighteen drachms to the pint of water. It is best to have a number of packages prepared, each containing eighteen drachms of milk sugar. A wide-mouthed pint bottle should be provided into which may be put eighteen drachms of milk-sugar and one pint of water, and thus there is no need for any other measure.

"This sugar-water must not be kept too hot nor in a refrigerator, as great cold precipitates the sugar and heat causes it to ferment. In hot weather the sugar solution

*The first part of this paper was printed in the January CLINIC. Back numbers 10c each.

should be examined from time to time, and if it sours it must be thrown out and prepared afresh.

"Having the milk and the sugar-water ready, only one other ingredient is required; viz., lime-water.

"When the food is to be used there must be taken of the weak cream (the upper pint which was poured off and retained), three tablespoonfuls; of the lime-water, two tablespoonfuls; and of the sugar-water, three tablespoonfuls.

"These are placed in the feeding-bottle and warmed to the desirable degree; the food is then ready for use."

While there is much in the above to commend, the average nurse will hardly take the necessary pains in preparing it to insure its success as a food.

If we concede that cows' milk is the best available substitute for mothers' milk, can we not improve the quality of the preparation and lessen the danger attached to its use?

I think we can. Boiling removes considerable of the danger but not all. It requires a temperature of 400° Fah. to destroy some disease germs.

Many physicians object to boiled milk, believing its use tends to produce constipation in the infant.

The extract given below from the *Public Health Journal* is a view held by some others:

"Milk consists of a multitude of cells suspended in serum. The cells which form the cream are fat cells, the remaining cells are nucleated and of the nature of white blood corpuscles. The serum consists of water in which is dissolved milk-sugar and serum albumin, with various salts, and chief of all, casein. The cells with the exception of the fat corpuscles are all living cells and they retain their vitality for a considerable time after the milk is drawn from the mammary gland; later a deterioration in taste and emulsification is caused by the death of the blood-corpuscle-like bodies contained in the milk, from exposure or from boiling.

"There is reason for supposing that when fresh milk is ingested the living cells at once enter the blood stream without any process of digestion. The chemical result of boiling milk is to kill all these living cells and to coagulate the albuminoid constituents. Hence milk after boiling is thicker than it was before. The physiological result of exposure to boiling is that all the constituents of the milk must be digested before it can be absorbed into the system; besides distinct loss of the living cells of fresh milk which should enter into the circulation as direct living protoplasm.

"In practice, as will have been noticed by most medical practitioners, there is an appreciably and necessarily lowered vitality in infants that are fed on boiled milk."

With the above views Jacobi does not agree. The following are his remarks on the subject: "True, boiled milk is less pleasant to most but its possible dangers are less to all; still, with the volatile principle which is destroyed by boiling, of unknown nature but presumably beneficial effect, which is good-naturedly talked about by some authors, I have but little sympathy.

"The upper portion of a can of milk contains a much larger proportion of fat than the remainder of the can.

"Boiling retards acidulation and neutral milk becomes alkaline through boiling; further, the formation of lactic acid is delayed through the expulsion of a large quantity of the gases contained in the milk when it leaves the udder."

Borax added to fresh milk in the proportion of ten grains to the pint, retards both the acidity and the fermentation that take place in milk kept any length of time (in the climate of Florida in less than twelve hours if not kept on ice).

By an examination of our first analysis of milk given above, we find that the principal difference consists in a larger proportion of casein and a smaller proportion

of milk-sugar in cow's milk as compared with human milk. We also find that the quality of the casein in cow's milk is different from that of human milk.

As stated by Dr. Jacobi: "Cow's casein is less flocculent than human and less soluble in water. When separated from the rest of the milk it soon becomes hard."

This is the most objectionable quality of cow's milk, as by adding the proportion of water and milk-sugar required we can overcome the excess of casein. The deficiency in this mixture is of fat, which is of minor importance.

Our way of using cow's milk as a food for young infants is take a given quantity of milk fresh from the cow (say one pint), pour off gently the upper half; the remaining half pint contains less fat but more casein and salt than the upper half poured off. We then boil the lower half, resulting in a further loss, consisting of coagulated albumen which rises to the top as a scum. We now dilute the boiled milk with one-third its bulk of boiled water. The milk can be brought nearer to the composition of human milk by the addition of five drachms of milk-sugar dissolved in the water.

The milk to be prepared for the infant's use should be obtained as soon as practicable after it is milked from the cow, and the quantity to be used during the day should be prepared as directed above, and kept in a cool place. The amount to be used at each feeding is about as follows:

1st day, about one ounce.
2d " " six ounces.
3d " " fifteen "

After the first week twenty-one ounces daily.

After the first month thirty ounces daily.

Of course these figures are but approximate, as the appetite and requirements of infants vary.

In the feeding of infants from the breast or artificially a great mistake is often made by overfeeding the child because it cries, supposing it to be hungry when it is only thirsty. The remarks on this subject by Dr. Jacobi are so good that I give them entire:

"The free dilution of children's nourishment with water is demanded upon the following additional facts: Only to a certain limit will pepsin be furnished for digestive purposes, and probably a portion of this is not entirely utilized. A great quantity of water is necessary to pepsin digestion. In artificial digestion albumen often remains unchanged until large quantities of acidulated water are supplied. Without doubt many disturbances of digestion are to be explained by a deficiency of water, certainly many more than are due to an excess of it, as it is so quickly absorbed. For the reasons given I advocate under all conditions a plentiful addition to children's food, and in this connection I lay stress upon the fact that as a rule small children receive water only as they get it in their milk. Alike in summer and in winter it is probable that the fact seldom occurs to a mother or nurse, that a child can be thirsty without being hungry at the same time. *Certainly many a discomfort and even illness is conditioned upon the fact that children have been compelled to eat in order to satisfy thirst, and often to suffer thirst because over-stimulated and injured stomachs will take no more nourishment at irregular and too short intervals.* (*Italics mine.*)

"I have considered it necessary in preparing rules for the feeding of children, which the New York Board of Health annually publishes, to insist upon giving infants an occasional drink of water, at least during hot weather.

"When there is the least ground for supposition that the drinking water is contaminated with germs of disease, it should be boiled before its admixture with food, whether the diet be of milk or a mixed one."

During 1882 the writer was assisting Dr. Ephraim Cutter in certain microscop-

ical investigations of the ice and water supply of our great cities, and repeatedly found epithelial cells from the human bladder and other excretions in the water supply of New York City.

CONDENSED MILK.

When it is not possible to obtain pure fresh milk from the cow for infants, the next best food is condensed milk properly diluted with boiled water. There are condensed milks on the market that claim to contain no extra sugar added to preserve them, and others that have milk-sugar added. Some condense pure milk without abstracting the cream, but most of them condense the milk after the cream has been abstracted.

The variety of brands of condensed milk partially explains the variety of opinions expressed by physicians as to the effects and merits of this food.

These different brands being proprietary their composition is known only to the manufacturers, hence the physician's knowledge of their merits or demerits can only be obtained by observation and experience.

It would be a good thing for the people at large and the profession generally if reliable and responsible dairymen would furnish a pure condensed milk without any ingredient abstracted from it or added to it. When such a brand is demanded by the profession generally it will be furnished.

Some time during 1883 the writer held a conversation with the late Dr. Gaillard, of *Gaillard's Medical Journal*, on the subject of "Infant foods." We were engaged at the time on an article for his journal (milk being the subject), when he remarked that "the average physician's knowledge of foods and feeding was very slight and totally inadequate to the requirements of his professional life."

There has been much improvement in this respect since that day, but still there is room for further improvement. I cannot refrain in this place from again quoting from Dr. Jacobi:

"The baby, however, is credulously fed upon things with which the father, mother or doctor, has not the least familiarity. Professional men have come to look upon the use of patent foods as something quite unobjectionable.

"Those imbued with the strictest sense of ethics, who would not patent an invention or tolerate the fellowship of a professional man who does so, who frown on patented medicines because they are unknown and unknowable compounds, even though their components be printed on the labels, these very men forget their habits and principles when the question of patent-right and secrecy comes up in regard to foods."

Gilmore, Fla.

THE MORPHINE HABIT.

By William F. Waugh, M. D.
Professor of Practice, Ill. Med. College.

(PART FIRST.)*

CAN the morphine habit be cured at the patient's house? Yes, provided the doctor has the three prime requisites at his command: (1) Complete control of the patient's supply of morphine; (2) the patient gives up all work and devotes himself exclusively to the business of throwing off the habit; (3) the physician has the necesssary means and appliances to relieve suffering and the skill to use them properly.

W. F. WAUGH.

Without these the most skilful specialist will fail in any but the easiest cases. And let me say that the asserted painless cures one reads about in the advertising circular

*This paper will be continued through several subsequent issues, and we promise our readers much light on this important subject.

are either lies, pure and simple, or they are cures of the easy cases, hardly deserving of the name of "habit." Nevertheless we must not expect the patient to admit that his was an easy case. Nothing affronts a man more deeply than to intimate that his own case has not been peculiarly difficult or his suffering phenomenally excruciating. But when one has conducted hundreds of men and women through the ordeal of breaking off drug-habits, he learns to estimate pretty accurately the relative amount of suffering of each, the silent endurance of one of nature's noblemen, and the eloquent exaggeration of the most trifling discomfort on the part of the morphine-hungry party, who thinks she will get her drug if she only makes fuss enough.

The specialists who have devoted their lives to the treatment of this disease, narcomania, agree in affirming that no confirmed habitue can free himself without a struggle, and devote their energies to reducing the unavoidable suffering to a minimum, making the ordeal as short and as easy as possible. Regnier, Erlenmeyer and Crothers, men whose names are known all over the world for their scientific work in this department, all recognize the truth so well expressed by Hare, that "when a patient goes through the withdrawal without suffering, you need not flatter yourself that it is on account of your treatment; it is because he has a secret supply of his drug."

Compare these statements with those of the advertising community and it will be seen how far these unknown, often illiterate individuals are ahead of the scientific specialists. The advertisers cure their patients at the latter's homes, without detention from business; the cure is easy and painless; the patient never knows when the morphine is withdrawn, so imperceptibly is it accomplished. Any case can be cured in periods varying from three weeks down to fifteen minutes.

That these miraculous powers should be denied to the educated man of science and lodged in the hands of these persons would seem remarkable, were it not that we know that these gentlemen are not in business for their health, and that, viewing the matter from a strictly commercial standpoint, it has a different aspect than when looked upon from the purely scientific point of view.

Do not imagine that I believe no good can come out of such sources. There is some chance of a quack discovering a good thing, as well as any one else. The only question is as to whether he really has done so, or merely claims this credit, which is a very different thing. I have taken pains to investigate all these claims which came within my cognizance, and these are some of the results of my investigations:

A doctor wrote me of a popular "home treatment," saying he had known of its success, and had analyzed samples sent at his request, and found no morphine in them. By my advice he obtained a sample from a patient who was under treatment by it, and in this I found abundance of morphine. The remedy for the morphine habit was morphine, and the method contemplated a gradual reduction of the dose until it was entirely withdrawn. I have met a number of persons who had tried this method, and their testimony has invariably been that they could reduce the dose to a certain point, when the symptoms of withdrawal began, and then they had to increase the dose or add an opiate. The withdrawal symptoms will show up whenever the cells have been drained of morphine, no matter how slowly it is done.

Another party stupefies his patient with chloral, keeps him thus for some weeks and then sends him home with the assurance that he is cured. When the chloral has been eliminated, the withdrawal symptoms appear in full force, and the victim has the whole struggle before him, just as if he had simply stopped short, only that he is poorer by the sums paid for his "cure."

A third variation of the miracle-cure is to get the patient off the morphine and upon alcohol, cocaine, cannabis or codeine. Of these drugs alcohol is known to every one, and whether it or morphine is the worse as a habit-drug my readers are as able as I to judge. Cocaine is the most disastrous in its effects on the human brain of any habit-drug I have ever heard of. Between it and morphine there is no question as to the choice. Cannabis is possibly less injurious than the opiates. But as yet no observations upon its effects, immediate and remote, upon numerous individuals, have been made public. My own experience has been that every case, after using the cannabis for a time, went back to the morphine. The same thing is true of codeine. The use of these two drugs keeps up the appetite for, and habit of reliance upon, a narcotic drug, and keeps the door open for the return of the arch-fiend morphine.

There is one method of the advertisers that has real value—the elimination system. By this they guarantee to cure any case of opiate addiction in forty-eight hours. The patient is given emetics and cathartics until the bowel is completely emptied, the "residual bile" and the morphine stored up in the tissues are discharged. If thoroughly done, the urine will not respond to the test for morphine. The withdrawal symptoms come on at once, and if the patient has the nerve to bear them for a limited time, crisis occurs and he is free.

This method, then, is Lewinstein's abrupt withdrawal, with the great improvement of the thorough evacuation and rapid elimination. It is suitable for young and strong patients, with sound heart and good will-power, who have not taken the drug very long or in large doses. With the ordinary habitue there are the grave dangers of collapse, inflammation of the bowels and a sudden stoppage of the activity of one or other of the vital organs, long accustomed to perform its functions only under the influence of the drug. These dangers are reduced greatly if the patient is under the constant surveillance of his physician and the latter has the requisite skill and experience in the treatment of drug-cases; but still it is a method suitable only for selected cases, and not by any means generally applicable.

Having thus cleared the ground, we are prepared to consider (1) what is the pathological condition present; (2) what is the best mode of treatment; (3) what results are to be expected from treatment.

ZINC AND CODEINE COMPOUND.

By W. C. Abbott, M. D.

I believe CLINIC readers have not come to fully appreciate this preparation. Referring to the formula:

Zinc sulphocarbolate.....gr. 1
Codeine sulphate.....gr. 1-4
Hyoscyamine amorph...gr. 1-250
Strychnine sulphate.....gr. 1-134

it will be seen that it is an admirable combination to meet many indications. The sulphocarbolate of zinc is antiseptic, disinfectant and slightly astringent. The codeine sulphate is anodyne and sedative without constipating effect. The hyoscyamine is anodyne, sedative, and powerfully relaxant, while the strychnine is our best tonic, stimulating all striated muscle fiber.

The combination is indicated in all abdominal conditions accompanied by pain, decomposition, fetor or diarrhea, fermentive diarrheas, colicky pains from intestinal indigestion, and the abdominal disturbances of typhoid fever. Any reader of this who does not make use of the combination in the above mentioned conditions, is losing more than a point, unless perchance he has something better.

Its effect in the soreness attendant upon typhoid fever is magical. It not only relieves the pain but, by removing congestion, aids in lowering temperature as well. When one comes to study the formula, he can but be impressed with its particular adaptability to the conditions referred to.

Chicago.

MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES AND QUESTIONS ON AND IN THE FEBRUARY CLINIC.

Editor Alkaloidal Clinic :—You have compensated your impatiently waiting readers for the February CLINIC by giving them a more than usually interesting issue. And no wonder, considering its parentage. What subject for your next special effort? Let it be Diseases of Women, or Diseases of their offspring, children.

E. M. EPSTEIN.

The cure of "The Indigestion of Consumptives," page 49, is the main hope of their recovery. The sanitarily well-conducted household has the kitchen for its primary care; this in good order and the rest of the rooms will more easily be cared for.

"Fever in Aseptic Surgery and Nuclein," same page: Your remarks give me the rationale of reparative fever.

Many thanks for "The Hyophosphites in Phthisis," page 50. The pharmaceutical market is overcrowded with nicely combined preparations of this important chemical with various bases. This may be the reason why the profession overlooks the proper selection of the bases in individual cases. You teach us a lesson of truth. Readers, let us mind it! This is "up-to-date therapeutics."

"Dr. Waugh's book." All good things are slow in coming, and the best the slowest.

"Spitting vs. Swallowing Sputa," same page. Well, Chicago *is* progressive, but do its tobacco chewers travel in its street cars?

In "Respiratory Gymnastics," page 51, you say: "The professional brain has rarely room for two ideas." Query: And for one? I speak for those below the average. Ike lay stretched out on the lounge, with his head hanging down. "Ike," said Mrs. Partington, "Don't do that, I knew a medical student who lay just that way and all his blood rushed to his head and the poor fellow got a suggestion."

"Alkaloids Appreciated by the Seniors," same page. Yes, by those who constantly renew their youth and not by the prematurely senile youth.

"Be Friendly!" Those of you, readers, who have a $ to spare.

"Gould vs. The Record," same page, reminds me of an anecdote. A traveling bookseller with a pack of very ancient and rare books journeyed with a learned but poor man, in the same wagon, in ancient pre R. R. times. They put up for the night at an inn. The poor man asked and got the privilege of looking into the books. The bookseller went to sleep. The poor man gloated over the books all night long. In the morning the bookseller packed the books together, thrust the pack into the wagon and sat down on it and then: "How dare you thus to desecrate these holy books!" exclaimed the poor, learned man in horror. "Holy books for you!" replied the bookseller, with a twitch of his shut lips under his nose: "They are just my merchandise."

"Pneumonia," page 52, and many writers about it in this special CLINIC, except myself. But I am fighting just now with two desperate cases of it, and my arms are A. A. Co.'s granules, and the old standby ammonium carbonate, in two-grain doses every hour or two.

"Remedies for Phthisis," same page. I think it is Watson who said that where there are many remedies for one disease there is none. Is this always to be so? How soon will it be true of the "New Consumptive Cure," same page?

"The CLINIC not a Reception Patient-Holder," same page. That recent critic reminds me forcibly of that hyper-super-prudish lady, who refused to buy a leghorn

hat, but insisted on having a "limbhorn" hat. The same lady who lived in ante-upright piano times put pants on the bare legs of her square piano for decency's sake.

"English Good Enough," page 53. Yes, good English, but bad is worse than "hog Latin."

"What Is Your Experience," same page, in reducing fat people by Schwenninger's method? I have none. But I would ask in the opposite direction: Is it best for invalids whom you wish to fatten up to be kept to regular meals? Provided their appetite is good, why not let them eat any time they please? Cattle fatten in that way. Are regularly timed meals anything more than a necessity for social convenience?

Your "Pointed Ideas," same page, are all of them diamond pointed.

And now I am at the CLINIC's picture gallery. And this is "The Alkaloidal Baby!" Well, but he is a fine allopathic dose of one. And when shall we have your picture, our good Dr. Abbott? Or do you intend acting on the adage: "All shoemakers go barefoot?"

Dr. W. L. Coleman, page 55, concludes his paper on "Malarial Fever," and gives a most interesting and instructive paper on his battle with la grippe. His marshaling of the alkaloidal remedies in this disease is most admirable and worthy of imitation —by those who can.

Dr. Aulde, on "Nuclein in Respiratory Disorders," page 58, is eminently worthy to be reread, though he is iconoclastic of the icons all of us have used and I suppose will yet use for a good while. Yet the readers of the CLINIC are tolerant while they are progressive.

And Dr. John E. Bacon, page 60, follows up Aulde's paper fittingly with illustrative cases of "Nuclein in Pneumonia." Dr. Bacon gives a very honest record of his case 1. In case 2 he verifies my supposition as to doctors yet using old stand-by remedies alongside of Nuclein.

Dr. W. C. Buckley, page 62, gives us a very practically useful paper on the "Therapeutics of Nuclein, Potass. bichromate, Atropine and other dosimetric granules," illustrated well by two cases of respiratory troubles.

Dr. Walling's paper on "Electricity in the Diseases of the Respiratory Organs," page 65, is that of an expert specialist, and very serviceable for those who have the facilities and the skill to use that subtle remedial agent.

Dr. Ben. H. Brodnax, page 65, on "Capillary Bronchitis," as on any subject, is instructive to any doctor, but I do think that as a country doctor to us plodders in the country he is even more delightfully instructive. His resourcefulness with the means on hand in any household is remarkable. To his other means of producing perspiration I would add one more. Have a large pot with water boiling over a brisk fire. Put in six to eight large sized common ears of corn. Let them get as hot as the boiling water, then take them out, wrap them each in a previously warmed rag, and place them close to and on either side of the patient, and tuck him up tightly in blankets. This together with warm teas will produce a profuse perspiration.

Dr. F. M. Lennard's paper on "Pneumonia," page 67, with fittingly illustrative cases of treatment with A. A. Co.'s granules, was written and read elsewhere for the purpose of demonstrating our superior scientific method. And if the readers of it remember yet their geometrical studies, they will agree with me that it fully deserves to be signed with a Q. E. D.

Dr. J. D. Justice, page 69, writes in the same line as the above, and his paper is well calculated to convince any yet doubting Thomases of the truth to which we have long since been converted. And as the readers of this know, no doubt, of such Thomases, I would urge on them the propriety, nay the duty, of getting them to

read this February CLINIC, which, I think, will be referred to in future days by anyone who will have to treat respiratory troubles. It is a compact little store-house of useful facts on this most important department of our labors.

Heart failures have become sadly frequent of late years, and this may be owing to the increase of the artificial mode of life in modern civilization. The heart's action in any diseased states of the human organism should be carefully watched by the attending physician, and especially so in the diseases of the respiratory organs. In this respect Dr. W. M. Holladay, page 71, gives us a very important paper, which the brethren should not fail to read very carefully, and if they have not done so they will do well to do it now, while I call their attention to it. In this respect our almost *sine qua non* granule of strychnine arseniate in dosimetric practice must be doing important service. The frequent use of this granule by us is alone sufficient to stamp our method with scientific advance beyond all others in the past and in the present.

"Can Pneumonia be Jugulated," page 72, is well answered affirmatively by Dr. D. C. Roney. Let him doubt who doubts everything, we will believe and act too with Dr. R.

"Pneumonia as Influenced by Malaria," page 73, elaborately discussed by Dr. Jesse R. Jones, should and no doubt will be carefully read by our friends whose practice is in such regions. And they will do a humane service to extend the knowledge of it to their professional brethren, who are not yet identified with our large and growing CLINIC family. There is room reserved always for all such. "There is more joy over one repenting sinner than" etc., etc., etc.

Epstein can afford to be modest, seeing that others are not silent about him. Well, I suppose they know what they are talking about, and courtesy demands that I should believe them.

Dr. S. T. Bott's, page 79, one objection to Shaller's Guide is very proper. By all means (if you have enough to invest) give us soon another and a thrice enlarged edition of that most excellent manual.

Dr. A. T. Cuzner's paper on "Epidemic Influenza," page 80, is excellent, timely and practical, though too short. A certain part of it should be read in connection with an article on page 10. What is it? Find it out, please! It will do you good to read the pages of this and other CLINICS repeatedly. Read also the article on page 97 in the same number. It is short and good. I don't mean the poetry.

In "Tonsilitis," page 82, Dr. E. A. Welch speaks of a few efficient remedies in the treatment of that disease. A very useful paper.

"Winter Remedies," page 82, by Dr. A. M. Wilson, are aptly named and excellently selected for a twelve-vial granule case. His detail of their employment is excellent.

Dr. J. A. Tyler relates on pages 83, 84, the successful treatment of a case of "Galloping Consumption," with Dr. Edson's Aseptolin. He also regards that remedy as a specific for "the grip." He also asks help in a case of diabetes mellitus. The doctor's paper and the editor's comments are very useful.

Dr. Ben. H. Brodnax, page 85, gives "Help for Inquirers," which, no doubt, will do good. His remarks about Epstein made the old man blush and his wife smile. The reason why Epstein's common sense is rare is because common nonsense is not. The reason why Berkeley, who denied the existence of matter, advocated tar water as a panacea, is perhaps because that matter sticks.

Dr. Lizzie E. Hazleton's communication, page 86, of a few helpful remedies in "Phthisis," is eminently worthy of remembering, trying and not forgetting of reporting. If we cannot cure that dire malady, we must yet have many means at hand to mitigate its dreadful tortures, and help the suffering ones to an euthanasia.

"Epidemic Catarrh : Influenza," page 86, by Dr. R. B. Rowe, and the editor's comments to it contain a grateful amount of useful information.

"Glonoin in Asthma," page 88, by Dr. O. J. McMinn, is a short paper, but full of excellent information.

To Dr. J. L. Fleming's inquiry, page 89, I would say heart failure, as a *sit venia verbo.* (You know I am allowed Latin, see p. 83). The cause of that unhappily too frequent failure of late years we know not in all cases, and cardiac roborants are called for in all cases of adynamia, especially in people who live in filth, though they may have a neat parlor in which they do *not* live.

Dr. H. S. Brewer's paper on "Phthisis Pulmonalis," page 90, is as entertainingly written as it is instructive. His good wife has a tenacity of life with which we not infrequently meet. Invalids who are accustomed to frequent ailments will less sooner succumb to acute attacks of a disease than robust persons, who fret more against discomforts than invalids do. This may be illustrated by a religious anecdote. An unbelieving, fretting sufferer under affliction asked another, but believing and not fretting sufferer, under similar and even greater afflictions, why he did not fret. The answer was: "I try to stand nearer than you to Him that smites with the rod, and I feel less the smart."

Dear Editor! Pardon the unusual length of this review thus far. Your delay of this month allowed me too little time to write a shorter article. Will you permit me to continue the review of this February CLINIC in the April one, if my life is spared? My object will thus be gained of refreshing the reader's memory of the valuable things in the past numbers of the CLINICS. But I am using improper language, for the CLINIC has no "past number." And with a God speed your good work! I remain your ever ready servant,

DR. EPSTEIN.

West Liberty, W. Va.

DOUBLE PNEUMONIA.

Editor Alkaloidal Clinic: — Saturday, January 16, I was called two miles into the country to attend Mrs. C., aged thirty-six. I arrived at 4.30 a. m., and found her suffering from double pneumonia.

Two days previously her husband had called at my office to obtain medicine for his wife, who he said was suffering from a severe cold, pain in the right side, coughing and some fever. I suggested that it was probable she was suffering from pneumonia. He said he thought not, and that I need not visit her. I sent her some diaphoretics and defervescent granules, the latter to be given in case of fever. The remedies acted well, but after they had all been given she was left without any medicine for twenty-six hours, during which time the disease attacked the other lung.

When called to see her I found I had a severe and critical case to treat, and so informed her husband. At the time of my first visit, as stated above, her pulse was 124; temperature 103; breathing difficult; expectoration contained considerable blood and was raised with difficulty.

I prescribed one granule each of aconitine, gr. 1-500, and veratrine, gr. 1-134; three granules of pilocarpine, gr. 1-134; a dose every hour, the pilocarpine to be omitted should free perspiration occur; also one granule each of strychnine arseniate, gr. 1-134; codeine, gr. 1-6; and two granules of emetine, gr. 1-250, every two hours; also two ears of boiled corn wrapped in dry cloths to be placed at the feet, one ear at each hip and one on either side of the chest; care to be taken not to make her excessively hot. When tolerably free perspiration occurred these were to be gradually removed.

January 16, 6 p. m. Pulse 116; temperature 104.8; sputa the color of prune juice, but more consistent. The entire body was moist, but she had not perspired properly. The ears of hot corn were

gradually removed and the pilocarpine was discontinued. The other treatment was continued with the addition of the following: Specific tincture of ipecac, twenty-four minims; specific tincture of asclepias, two drachms; water to make three ounces. Directions: A teaspoonful in hot sweetened water as required to assist expectoration and keep her moist.

The bowels were constipated, hence I ordered one granule each podophyllotoxin and aloin, of each gr. 1-12, every four hours. In case the skin became hot and dry a warm alkaline sponge bath was to be given and repeated *p. r. n.*

January 17, 8 a. m. Pulse 112; temperature 101.4. Bowels moved fairly well during night. Ordered strychnine arseniate, gr. 1-134; codeine, gr. 1-6; strophanthin gr. 1-500; one of each every two hours; aconitine to be discontinued if the pulse fell to 85 or below, the ipecac and asclepias mixture to be continued; hot milk or broth to be given in such quantities as the stomach would tolerate.

January 18, 8 a. m. Pulse 96; temperature 99.8. Gave strychnine, gr. 1-134, two granules; codeine, gr. 1-6; strophanthine, gr. 1-500, of each one granule; emetine, gr. 1-250, two granules every two hours; intervals to be lengthened if resting well with fairly good heart-action. Continue the ipecac and asclepias mixture, and give one granule of aconitine every half to one hour should pulse reach 90 or more.

January 19, 8 a. m. Pulse 106; temperature 99.8; continued treatment. 7.30 p. m. Pulse 100; temperature 99.8; treatment continued.

January 20, 8 a. m. Pulse 96; temperature 99.8. Not resting well, "nervous" and excited. Gave hypodermic injection, morphine, gr. 3-16; continued the treatment of the previous day. 6 p. m. Pulse 100; temperature 99. Treatment continued with little variation.

January 21, 8 a. m. Pulse 100; temperature 99.2. Strychnine, codeine, strophanthin and emetine granules continued; specific bryonia and gelsemium were indicated and given in small doses; ipecac and asclepias mixture continued. 5.30 p. m. Pulse 100; temperature 100.4; treatment continued.

January 22, 8 a. m. Pulse 100; temperature 100.4. Discontinued bryonia and gelsemium; gave aconitine, gr. 1-500; codeine, gr. 1-6; strychnine arseniate, gr. 1-134; strophanthin, gr. 1-500; one granule of each every two hours. Continued ipecac and asclepias. 5.30 p. m. Pulse 116; temperature, 102.4. Crisis arriving. Continued treatment.

January 23, 8 a.m. Pulse 120; temperature 101.4; strychnine, gr. 1-134, two granules; and strophanthin, gr, 1-500, every two hours. Dyspnea increasing, added specific lobelia to ipecac and asclepias mixture, to be given freely with a little whisky, to relieve difficult breathing and increase expectoration; five grains of carbonate of ammonium to be added every two hours or more frequently if required. The pulse was weak and I gave a hypodermic injection of glonoin, gr. 1-100, and strychnine, gr. 1-60; ordered one to two granules of glonoin, gr. 1-250, to be given sufficiently often to keep up the heart-action, even every fifteen minutes whenever necessary; beef extract and whisky, hot as could be taken, to be given *p. r. n.* I remained with the patient most of the day and during the night, superintending the giving of medicines and stimulants. The crisis passed during the night and I left her better at 4.30 next morning.

January 24, 2.30 p. m. Pulse, 76; temperature 98.5; continued to improve, and at this writing, February 9, is able to walk about the house. The patient being a sufferer from chronic gastric catarrh we were unable to feed her as much as would have been desirable under other conditions.

I have said nothing about local applications to the chest. Mustard plasters were applied over the seat of pain whenever it

occurred, and her breast covered with hot, dry flannels from the time of commencing to the close of the treatment. I had very little hope of her recovery at any time until after the crisis had passed. Her life was probably saved by constant and prompt attention during the crisis. I think the "corn-sweat" modified the disease and enabled me to keep the patient moist most of the time during her illness, thus relieving the congested lungs very much. It may not be a very scientific mode of medication but it has served me well in severe cases for forty years. If called in time I always expect to save my cases of uncomplicated pneumonia. Not that I never have lost cases of pneumonia, for I have.

W. B. Squire, M. D.

Worthington, Ind.

CAMPHO-PHENIQUE POWDER.

I have been giving campho-phenique powder a thorough trial, and am delighted with the results attained. The following is a typical case: A boy, aged fourteen, had suffered a fracture of the skull, resulting in a depression and laceration. I trephined and lifted the supraorbital plate (which was depressed), taking all antiseptic precautions and applying the usual iodoform dressing. Rigors, nausea and the usual symptoms of depression continuing, four days after I was obliged to remove the dressing and apply another, using bichloride of mercury with the iodoform and opening up the wound so as to secure free drainage. Local pain was constantly present, and general encephalitis gave unmistakable evidence that the abscess was gaining ground. At this critical period a package of campho-phenique powder came to hand. As the literature makes especial reference to its utility in the suppression of the formation of pus and ulcerative processes generally, I determined to try it in the case. I dusted it all over the diseased surface and saturated all around the drainage area so that it could find its way within and attack the seat of the trouble. My visit on the following day found the patient much better. He had slept well and drank freely of iced milk, and reported the pain as "almost all gone." I removed the outside dressing and found that suppuration had been very much reduced, and that the edges of the seams looked well.

I applied more of the powder and left things as they were, dusting in the powder without using the bichloride solution. Four days later I removed the dressings and found the wound perfectly healed, and the boy is now up and well. I am convinced that the campho-phenique powder played a very important part in the boy's recovery, and think it has a great future ahead of it. I am giving it a trial in chronic ulcers of the leg, and will report results soon.

Dr. Sarsfield Cassidy.

Adamniaby, New South Wales.

MENORRHAGIA INCIDENT TO MENOPAUSE.

Editor Alkaloidal Clinic :—Mrs. G., aged 52 years; mother of several children; spare; anemic; neurasthenic; brunette; supposed to have entered the more or less indefinite period of time known as "change of life" three and one-half or four years ago.

During this period she had been under the care of doctors most of the time, on account of severe and persistent metrorrhagia. During much of this time she lost blood continuously, varying from a slight oozing or leakage between periods to a veritable drain during the periods, when it would come in rhythmical gushes every twenty minutes to one or two hours. It goes without saying that she was the victim of all the usual metritive and nervous manifestations incident to this time of life, in a very aggravated form.

She has had intra-uterine and vaginal local applications, together with the usual

tonic treatment. When the writer was called she had been flowing over two months without cessation; and it being the time of the period blood was being lost at an alarming rate, in view of her already exsanguinated condition.

On account of her state an examination locally was out of the question, so I attempted to control the hemorrhage by giving ergot and aromatic sulphuric acid.

After twelve hours of this with no other effect than the causation of nausea so intense that nothing could be retained on the stomach, I concluded to try the alkaloidal granules. I dissolved granules of ergotin, gr. 1-6, five; strychnine nitrate, gr. 1-40, one; atropine, gr. 1-120, one; and administered all together hypodermically; waited thirty minutes and repeated the dose. I now had the satisfaction of seeing the flow well under control for the first time.

My explanation of the combined action of the remedies is as follows: Ergotin manifested its well-known contractile effect on the circular fibers; thus acting directly on the open vessels themselves and also closing the uterus down upon itself. The strychnine whipped up the flagging nerve-force, always so prominently deficient in the exhaustion incident to prolonged hemorrhages. Atropine dilated the superficial capillaries and thus relieved the local internal congestion and stasis.

The dose was repeated in the same manner in six hours and again in twelve, the patient in all respects improving. I now prescribed two granules of ergotin, gr. 1-6, and two of hyoscyamine, gr. 1-250, every hour; the ergotin to be discontinued when all hemorrhage should cease; the hyoscyamine, after the face flushed and pupils dilated, to be given every three hours; strychnine arseniate, gr. 1-134, two granules to be given four times daily.

The great advantage in this method lay in the fact that it spared insult to an already over-burdened stomach and also insured perfect absorption, hence the rapid and effective results. I do not doubt but that the first formula would have controlled the flow, had her stomach been able to retain and absorb it. This not being the case, I do not know how much if in fact any of this dose was absorbed, hence the uncertainty.

The flow entirely ceased on the third day for the first time in over two months. Strychnine arseniate was continued, with two of iron arseniate, gr. 1-6, four times daily, and one of Buckley's Uterine Tonic, four times daily; also Waugh's Laxative, three granules, three times daily; varying the doses as required to insure one free daily evacuation.

She has now been free from flowing for twenty-eight days and her next period is just due, but the usual severe prodromata are absent; due without doubt to the toning up of her genital system by Buckley's splendid combination. Her general health is much improved.

Now as to the local condition: As soon as the flow ceased I made an examination and found the following condition present: Uterus, cervix badly lacerated and filled in with hard, cicatricial tissue; to the left anteriorly on the neck, a firm, round mass about the size of a hulled hickory nut, which I diagnosed as a sub-peritoneal fibroid; fundus enlarged and soft; left ovarian region very tender to the touch, but no perceptible induration on either side.

This woman has improved rapidly under the treatment outlined above. If this continues of course I shall not operate on that cervix, even though I believe many of the symptoms from which she suffers are reflex, and due to the peripheral irritation of the cicatricial cervical formation. Such cases do not pass easily through the menopause. This condition may be relieved by operation if treatment should ultimately prove unsatisfactory. As to the fibroid, if it should get no larger it will be no menace;

if it does grow, operative interference will be imperative. The probability is that it will at least get no larger in view of the coming cessation of functional activity.

DR. A. L. BLESH.

Guthrie, O. T.

—:o:—

So the physician is not wholly obsolete, and with the aid of modern therapeutics he will cheat the surgeon out of many a fee yet. Dr. Blesh very aptly illustrates the advantages of alkaloidal medication over the older fashion.—ED.

MUST QUIT OR PAY UP.

Prefers to Pay Up.

Dear Dr. Abbott:—Your notice to quit or pay up is at hand and rather than quit I send you a 16-1 for 1897. Your journal is all right, with the addition of Dr. Waugh. May the star of your empire never set.

DR. W. H. BENTLEY.

Marion, Ill.

COLLAPSE WITH OBSTRUCTED BOWELS AND SUPPRESSED MENSES.

Editor Alkaloidal Clinic:—Mrs. W. B. N., aged about 25, a very large, stout lady, had been married three years and was the mother of three children, having given birth annually. The last child was about two months old. Her previous health was good except a little indigestion and a constipated habit. When called to see her I found the following conditions: Pulse 140, very weak; temperature below normal; the whole surface cold and shrunken, bathed in cold perspiration; tongue broad, flattened and dry as a board; cyanosis; vomiting everything taken into the stomach. The bowels had not moved since three days previously and she voided urine once every twenty-four hours. A little flash of revery came upon us, which was soon dispelled by the sobs of her kindred and the alarm of the patient herself, so putting on a bold front and stopping my efforts at naming the malady I opened my alkaloidal case and commenced the battle, which was to be fought to the finish and the odds against me, but knowing that persistence on any line was the only chance of success.

I prescribed two granules of glonoin, gr. 1-250; one of atropine, gr. 1-250; and morphine, gr. 1-4, hypodermically. This quieted the stomach and relieved the cramping pains she complained of. I continued the above every hour minus the morphine. I gave calomel, one grain; pulv. opium, gr. 1-4; with the addition of a little niter and a grain of zinc sulphocarbolate, in the intervals of the above. I gave an enema of a tablespoonful of glycerine with no results, but continued frequent enemas of warm water and soapsuds. This continued through the night, and day approached with very little hope. The cyanosis had disappeared, warmth was restored, the pulse was still weak and fast, the tongue dry, the stomach irritable as soon as she became free from the effects of opiates. Through the day I continued the calomel with zinc sulphocarbolate and chlorate of potassium every two hours; giving glonoin, gr. 1-250; atropine, gr. 1-250; strychnine arseniate and aconitine, of each, gr. 1-134, in a capsule, each intervening hour. I continued frequent warm water enemas and applied sinapisms to the whole course of the spine, wrists and ankles. I blistered the epigastrium and over the region of the liver; other little matters were attended to, to quiet the surroundings so that the means employed could get in their work.

This treatment was continued through the day and night, when she began to vomit some bile. The stools, which were alvine up to this time, became darker and more consistent, with some pure bile intermixed; the stomach was still irritable; the pulse slower, 110; temperature 100°;

tongue still dry. A new symptom was set up, she complaining of a lump in her throat choking her to death. This symptom pointed my attention to the womb, as she became hysterical to an alarming extent. I immediately gave her anemonin, gr. 1-67; ergotin, gr. 1-6; gelseminine, gr. 1-250; aconitine, gr. 1-134; and strychnine arseniate, gr. 1-134; one of each every hour. The menses were fully established in six hours, all alarming symptoms gave way and she made a speedy recovery.

I will not comment further than to say that there was no symptom or precedent for suppression of menstruation, menorrhagia or dysmenorrhea, up to the time of the aroused action of her stomach, liver and kidneys. My opinion is that the uterus was cutting a considerable figure, obscured by congestion of the stomach and bowels. I desire the criticisms of any of the CLINIC contributors. While the woman got well, I feel that the treatment might have been different and the same results obtained. I dismissed the case amid a profusion of thanks from the family.

R. C. JOHNSON, M. D.

Personville, Texas.

—:o:—

As Dr. Johnson specially asks for the contributors' criticisms we leave the case in their hands. Note that the opiate gave temporary relief but had no influence upon the course of the disease, which got well under strictly alkaloidal remedies, given in the true manner as indicated by the conditions present.—ED.

BUCKLEY'S UTERINE TONIC AND ASTRINGENT SUPPOSITORIES.

I have tried the above-mentioned two remedies in a case of dysmenorrhea and falling of the womb, and found them to work more than satisfactorily. I intend to try them in more cases of the same kind.

ALBERT R. TORGERSEN, M. D.

Clarkfield, Minn.

DOES NUCLEIN INCREASE THE BODY-HEAT?

Editor Alkaloidal Clinic:—Two or three years ago, in the editorial columns of the *Medical World*, strychnine, belladonna and nitroglycerin, were said to be heat-producers in the system.

Will you announce that Nuclein solution (Aulde) is also a heat-producer?

Take any condition of the system where there is a feeling of chilliness, and Nuclein solution will almost immediately dispel this feeling. In a very few minutes a sensation of warmth is felt and a gentle perspiration breaks forth. Patients at once know they have taken something unusual.

Ten days ago a man with incipient tuberculosis said he was freezing all the time. I gave him 1-3 minim of Nuclein solution three times a day, and he has been warm ever since, with no chilly feeling.

Only a few minutes ago a man stepped into my office, with a grippal condition and freezing all the time. I gave him Nuclein solution, m. 1-3, and in a few minutes he remarked that he was feeling warm and agreeable.

Put it down as a fact, that a sensation of chilliness is immediately dispelled by Nuclein solution. This is explained, I suppose, by its cell genesis or multiplication in the blood.

B. F. TERRY, M. D.

Rising Star, Texas.

—:o:—

Referring to the foregoing communication from Dr. Terry, I beg to offer the following explanation of the "feeling of well-being" which almost invariably attends the administration of Nuclein solution. I should also note that in my opinion the heat-producers referred to do not act in the same manner as does Nuclein.

The effect of strychnine is through the nervous system, by which the tonicity of the arterial system is heightened, and as a matter of course, "taking up the slack" in the circulatory apparatus has its effect upon metab-

olism. Tissue-change is thus promoted and it will be observed that patients taking this remedy for any considerable time have harder and more compact muscles; hence they are able to perform a greater amount of work. In the case of both belladonna and nitroglycerin the effect is also through the nervous system, the cardiac ganglia being notably impressed by their administration. The effect is that the larger arterial vessels are contracted while the smaller vessels are immediately dilated; hence the feeling of warmth which follows their exhibition. An increased blood-supply is usually attended with more or less elevation of the temperature, even aside from the fact that it causes more rapid tissue-change, therefore, local tests with the thermometer will indicate a perceptible elevation of the temperature. And it is not improbable that systemic effects may likewise follow.

In the case of Nuclein medication it is my impression that the feeling of warmth is due solely to its influence upon metabolism, owing to its special function in creating an artificial leucocytosis. In other words, it stimulates the functional activity of the white blood-corpuscles, which are now regarded as the proper scavengers of the body. Those who are familiar with the rapidity of the action of certain digestive ferments will readily understand how any remedy enacting the role of a ferment is well calculated to produce immediate effects.

Nuclein is now regarded as tbe chief of the so-called "defensive proteids," a non-toxic antiseptic product of the multi-nuclear white blood-corpuscles when in their normal condition, and in all my investigations I have been unable to compare it with any other known substance than a ferment. Please bear in mind that I do not claim that it is in fact a ferment, but that it acts like one; and in view of the facts relating to the peculiar character of micro-organisms in general, which in many respects resemble ferments in their activities, it seems the part of wisdom to accept this theory as a working hypothesis.

Although Nuclein solution has never been advocated as a "cure for tuberculosis," I take the liberty of sending you a copy of a letter recently received from a patient well advanced in the third stage of the disease, but who lives at some distance and only comes under my observation semi-occasionally. When other physicians fail to afford him relief he sends for me, and as a rule is promptly relieved by the administration of Nuclein, either by the mouth or hypodermically. It should be added that the disease in this instance has invaded not only the pulmonary structures but the pleuræ, the kidneys and probably the bowels, and that the temperature runs about two to four degrees above normal, while the pulse-rate is from ninety to one hundred and twenty per minute.

Nuclein allays the cough and diminishes the expectoration, thus showing its power to produce what I have termed "tuberculotoxin nuclein," a product which is inimical to the bacillus tuberculosis. At the time this letter was written the writer was taking minim doses of Nuclein solution (in the form of a hypodermic tablet) and one one-hundreth of a grain of copper arsenite three times a day. It reads as follows:

"*Dear Doctor:* I don't think it will be necessary for you to call as I am getting along right good and have enough medicine to last two or three days, against which time I will be able to come and see you."

JOHN AULDE, M. D.

—:o:—

I called attention in the February CLINIC to the possibility that Nuclein was the active agent in tuberculin. It would be exceedingly interesting if observations were made on persons taking Nuclein to show (1) if it elevates the temperature both in health and in disease; (2) if this occurs in other than tubercular cases. The more we study Nuclein, the more profoundly interesting it becomes.—ED.

PIPERINE IN CHILLS.

Editor Alkaloidal Clinic:—Probably many of the CLINIC readers are already familiar with the use of piperine in the cure of chills, but there may be some who have never used it and they will be agreeably surprised when they try it.

About ten years ago, while living near the Savannah River, in South Carolina, a very malarial district, we had very many cases of chills to contend with; some very obstinate ones that would not yield to the old treatment, viz.: iron, quinine, arsenic, etc. Just then I met an old Swiss physician who advised me to use piperine in my own case, which had been annoying me for several months. I did so and was almost instantly relieved, never having but one other chill. Since this time I have always given piperine and with exceedingly gratifying results. I have many patients come to me saying that they had tried several doctors without relief and that they had heard that I could cure chills.

My plan is first to arouse the liver into action by giving calomel, usually ten to twelve granules, gr. 1-6 each, one every thirty minutes until all are taken; blue pill, five to five grains, every other night as may be needed; then piperine, gr. 1-6, one granule every two hours until the hour for the next chill has passed; then every four hours for three or four days. After this I usually give one or two granules with a tonic of iron, quinine, strychnine and arsenic, after each meal; to be continued for fifteen days, which is sufficiently long in most cases to thoroughly effect a cure.

In cases of long standing I usually give this formula: Quinine gr. 48; tartaric acid, q. s., and three ounces of water; one drachm to be taken every hour for four or five hours prior to the chill, until the chills have stopped. Then give tonics.

To those who have never used piperine I can say that although they may have been disappointed in the usual plan of treating this annoying trouble, they will never be if they give this drug freely. During the past ten years I have treated a great many cases of chills of different type, but have never had a case last longer that from three to five days.

BOYCE D. BROOKER, M, D.
Richmond, Va.

CAMPHO-PHENIQUE AS A LIQUID DRESSING.

I have used campho-phenique both in its liquid and powdered form as a dressing for wounded surfaces of every description, and I have no hesitancy in pronouncing it to be the most satisfactory antiseptic application which has come under my observation as yet. Its freedom from unpleasant odor renders its employment by the general practitioner far preferable to that of iodoform, while the results obtained are, as far as my experience goes, quite as good as those from iodoform.

CUTHBERT BOWEN, M. A., M.D., F. R. M.S.,
Bridgetown, Barbadoes, West Indies.

MENSTRUATION; ITS ESTABLISHMENT.

Editor Alkaloidal Clinic:—I was called Dec. 11, 1896, to see a young lady in the fourteenth year, suffering with severe paroxysms of cramp ranging from the hypogastric region to her stomach. She was attacked with the trouble about 9 a. m., the day I saw her, but had been complaining for some days of feeling poorly. Except this she had enjoyed good health all her life, was strong and vigorous. Her temperature when I saw her was one degree subnormal; pulse seventy per minute and almost imperceptible; extremities cold; tongue slightly coated; breathing irregular, sometimes twenty-five to thirty per minute, at other times not more than ten or twelve.

Diagnosis: Congestion of the uterine appendages and an effort of nature to establish the menstrual function.

Treatment: Hot applications to the abdomen; two granules of glonoin placed on the tongue, to dissolve and be swallowed; in fifteen minutes three granules each of codeine, hyoscyamine and camphor monobromated, with two of aloin; in thirty minutes a like dose repeated except the aloin.

This soon gave ease and she went off into a quiet sleep for one hour. When she awoke I gave her, for want of something better, calomel, gr. v, and jalap, gr. vii. I left a second dose of the calomel and jalap to be given in four hours if the first did not move the bowels. I heard from her next day; she had no more pain or cramping of the bowels, the purgative had acted well and she was able to be up.

The points I wish to emphasize are the treatment and rapid recovery of the patient. The glonoin to cause flushing of the cutaneous capillaries, thus relieving to some extent the congestion of the internal organs; followed by the codeine, etc., to ease the pain and relieve the spasmodic paroxysm of the bowels, opening a fair way for the purgative to act well so as to relieve the liver and lessen the blood-pressure upon the uterus and bowels.

I have had in the past a good many similar cases, but none that I can call to mind that yielded so readily to treatment as this one, which I attribute to the alkaloidal granules.

DR. A. A. HENDRIX.

Crofton, Ky.

—:o:—

Reports of cases where the pathological condition is appreciated and the remedies accurately applied are just what we want. They are in the line of progress towards rational medication to which the CLINIC is dedicated.

It would be worth while to try the effect of the elaterin granules, gr. 1-67, repeated hourly until they acted instead of the bulky dose of jalap. This method of giving cathartics is not confined to calomel and is in harmony with the dosimetric idea.

Note the cleanness and nicety with which Dr. Hendrix has applied his remedies to the conditions present, especially as regards spasm. Doctor, try sanguinarine, gr. 1-67, night and morning, to establish menstruation.—ED.

BOUND VOLUMES OF THE CLINIC.

If you want a complete volume of the CLINIC for '96, in nice cloth binding, send your file, with ten cents each for any missing numbers, and $1.00 more, and we'll send you one prepaid. We have bound volumes of '94 and '96 at $2.00 each. But our '95s are exhausted.

A WORD FOR DOSIMETRIC GRANULES. ABBOTT'S DEFERVESCENT COMP.

Editor Alkaloidal Clinic:—I was called to a case a few days since, a colored woman aged perhaps thirty-eight to forty years. Three days previously she had miscarried, the fetus being dead. The pregnancy was of five months' duration. The patient had fever for several days, temperature 103, pulse 120, and considerable pain in the hypogastric region.

I gave a hypodermic of morphine and atropine. There was some slight discharge from the womb, which I washed out with carbolized hot water. A little while afterwards the patient was seized with a violent chill, a regular shake; pulse 150, scarcely perceptible. I administered a hypodermic of morphine and atropine and soon afterward one of strychnine and glonoin. In a few minutes reaction was brought on, when the temperature went up to 106. I stayed with the patient two hours to note the effect of my remedies.

Fortunately I had in my case a vial of "Defervescent Comp. (Abbott's)", and I gave one granule every half hour for four doses. I left my patient in a profuse sweat, with a temperature of 102.6, good pulse, and altogether comfortable. I directed quinine and Antikamnia to be given

for two successive mornings, regarding the case as one having a large "mixture of malaria" in it. This is the thirtieth day and the patient is doing well. Excuse the length of my remarks, but this is simply to tell of my extreme satisfaction with the "Defervescent granules".

J. E. SLICER, M. D.

St. Joseph, La.

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Curiously similar are these letters, recording the doctor's first dip into the alkaloidal therapy. And to realize the pleasure of finding such powers in the little giant granule one must be like Dr. Slicer, a doctor who has seen service, a veteran in the field.—ED.

PLEASED WITH SHALLER'S GUIDE.

Editor Alkaloidal Clinic:—Dr. Shaller's Guide to Alkaloidal Medication arrived in due time and I am much pleased with it.

Dr. J. P. SYMONS.

Rockford, O.

DIABETES.

Editor Alkaloidal Clinic:—I have a case upon which I wish to have your aid and advice. Yesterday, the 19th inst., I was called to see a gentleman, aged sixty-two years. He had been under the care of several physicians, but with no help; some treating him for spinal trouble, others for phthisis, and I don't know what all. I found the following condition present: A man very much emaciated; abdomen enlarged; tenderness limited to region around unbilicus; wandering pains throughout the body; aching of limbs; epistaxis frequent; slight cough; expectorates a good deal of muco-purulent, blood-streaked sputum; excessive thirst; dry and parched condition of tongue and fauces; pulse 72, full and strong; temperature 99; defects of vision from atrophy of retina; itching and burning of urethra and neck of bladder; micturition frequent, every half-hour; urine pale, clear and watery; sweetish taste and odor; specific gravity 1030. I am having him measure the amount. It yields grape sugar to the usual tests; urea and uric acid increased. He has dyspepsia, vomiting occasionally; bowels constipated; appetite gone.

He has been ailing for two years. Last July he first consulted a physician, who said he had rheumatism. I gave him codeine sulphate, gr. 1-4, every four hours; strychnine arseniate, gr. 1-134, every eight hours; acid phosphoric, dilute, m. 10, every four hours in water.

CHAS. O. CRON, M. D.

Camp Douglas, Wis.

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The case is one of advanced diabetes, with possible tuberculosis. I would clear out his bowels thoroughly by many hot enemas, then antisepticise the alimentary canal by a drachm of sodium sulphocarbolate daily; hold diabetes and cough in check by codeine, gr. 1-6, every two to four hours; and give arsenic bromide, gr. 1-67, six to twelve times a day, as a dominant. Put him on a strict diabetic diet, with plenty of pure water to drink. Report results. Keep bowels regular with hepatic eclectics and use saccharine instead of sugar. Let others suggest through the CLINIC or directly to the doctor.—ED.

NOTES ON BRONCHITIS AND CATARRH.

Dr. Pratt Replies.

Editor Alkaloidal Clinic:—I admire a man or woman who is strong enough to stand upon his own feet, and by the aid of his own backbone, as you have done during the sex controversy, Mr. Editor, and strike a fair, square, and above-board blow.

I hasten to assure Dr. Brewer that his surmise is diametrically opposed to fact; both as regards my present and past family affairs. Surely he cannot think that I am so small as to judge life from my individual experience alone. Further, I do not think he has a clear idea of the terms polarized and

depolarized. Where he speaks for himself, however, saying that I "totally ignore a spiritual existence." etc., he is most remarkably in error; but it is a fair blow, "above the belt." It affords me pleasure, therefore, to reply that under the stinging incentive of Dr. Epstein's quite pertinent questions I was goaded into writing that whole paper, the three sections inclusive, in the course of a few hours, without the preparation of ever having written upon the subject before; and in so doing the burning thought in my mind was, that in theorizing up to and beyond the "borderland," I must be very careful and hold closely to what I know to be cold, material fact, and not let haste lead me into those easy ruts of sentimental weakness so often denominated religion. Glance at my paper again, Doctor, with the knowledge that to the man who wrote it, "heaven, spiritual existence, the living soul," and other things that you mention are the brilliant foci which alone make life worth the living to him. It is to them that all primal material science points him. It is to that endless progress that line upon line in my last paper points as an outgrowth of this primary kindergarten of life; not an imaginary progress, but a progress of the most intense reality and living consciousness, governed by the exact laws of cause and effect.

I would like to answer every other criticism in detail, but although the half has not been told, the CLINIC'S space is limited. I am glad to see Dr. Epstein's face. I like it. I am impressed, however, that he is in a quandary whether to like or dislike me and my "fine spun" theories. If he watches, however, he will find most of them facts, and many of them brutal facts also.

Let those who wish try inunction with Protonuclein in lung and bronchial troubles. I use fifteen grains of the special powder and three grains of sodium phosphate, to an ounce or so of water, prepared an hour beforehand. Rub the whole well in, front and back, and keep the skin moist with a compress. In changing, wash with peroxide solution and dry well. My experience is that it brings to the surface a good portion of the inward eruption.

I use what I consider almost an absolute catarrh remedy, wherever the surface can be reached: Sozoiodolate of mercury, one grain; sozoiodolate of sodium, twenty grains; sodium chloride, fifteen grains; menthol fifteen grains; Antikamnia, fifty grains. Grind the mercury crystals to an impalpable powder, then grind in the salt likewise until thoroughly mixed and triturated, for the salt when wet dissolves the mercury; then do likewise with the rest. Place in small vials and keep tightly corked, as the salt attracts moisture. Snuff one-half grain up each nostril, morning and night, or two or three grains into the throat and trachea with a powder blower. Do not neglect inward treatment if the patient has a cold; for the membrane seems to be a partial outlet, as well as a nidus for the germs. It is good in diphtheria, pharyngitis, etc.

S. B. PRATT, M, D.

Boston, Mass.

HELP WANTED IN CHOREA.

Editor Alkaloidal Clinic:—Will you kindly advise me what you think would benefit two cases of chorea, one a girl of fourteen and the other a boy of nine? They have given me no end of disappointment in treatment; other physicians having also failed to give relief. The cases are both of less than two months' duration. If you can help me you will confer a lasting favor and secure another co-worker for your journal.

DR. E. W. LE FEVER.

Rosseau, Ohio.

—:o:—

Your premium case has just gone forward and you have the very medicines in it that I would give your two cases of chorea.

In the first place look them both over carefully for reflex irritation. The prepuce

of *each* should be looked after, and if tight, adherent or too long, released or removed. *It is just as important to look after the clitoris of the little girl as the glans penis of the boy, particularly as she is nearing puberty.* Often this is the sole and only real cause of the condition, which will rapidly yield to any rational treatment when this is removed.

Having seen that everything is all right in this respect, give to each one granule of hyoscyamine, one of strychnine arseniate and one of iron arseniate, three to six times daily according to the frequency and severity of the twitchings. The point is to establish nerve-equilibrium and this must be done by sedating some parts of the general system and stimulating others; this is well accomplished in most cases by the combination above mentioned.

As a calmative in severe attacks, cicutine may need to be added. The condition of the alimentary canal should not be overlooked. Free, full, daily stools should be secured. A granule or two of podophyllin or calomel or both at night, with a sufficient dose of the Saline Laxative in the morning, is excellent treatment. It is quite probable that the children over-eat, and eat improper foods. This should be looked into and every means taken to get them into proper habits of home living, when any treatment will have much better effect. Of course this is merely an outline, but it is what I would begin with in a case of this kind and I trust it will be helpful to you. Give us a report occasionally, and let CLINIC readers suggest further.—ED.

THE CLINIC WITHOUT A PEER.

Editor Alkaloidal Clinic: — The CLINIC stands without a peer as a helper of the busy doctor.

J. T. YOURTEE, M. D.

Brownsville, Md.

—:o:—

Thank you, doctor, we're hustling and shall keep right at it.—ED.

SUPPOSED TYPHOID FEVER ABORTED.

Editor Alkaloidal Clinic:—I was called yesterday morning to see a young man, aged twenty, and found what appeared to be a well-developed case of typhoid fever. He took to his bed four days ago. His temperature at the time of my visit was 103.5 and pulse 126. I at once put him on one granule each of aconitine, hyoscyamine, digitalin and veratrine every half-hour, with two granules each of zinc sulphocarbolate and copper arseniate every half-hour, given fifteen minutes after the first. This morning, thirty hours from the time of my first visit, his temperature and pulse are normal and he feels much better. Was that good treatment?

Of course it will be a few days before I get his bowels right. I forgot to tell you that I gave him ten grains of calomel at my first visit.

This is the first case I ever reported since I commenced the use of the granules, now nearly three years ago, and it will probably be the last. I find there is a great difference between leaving your patient with a feeling that you know how you will find him in twenty-four hours from that time and leaving him with no expectation, only to take what you find when you call again.

Now, Doctor, can you tell me where I can get the formula for the fluid (or the fluid if I cannot get the formula) that Dr. W. H. Walling uses in his injection cure for hernia, which I see on page 131 of the CLINIC for 1895?

DR. F. J. HASTINGS.

Boston, Mass.

—:o:—

One of the best proofs of a treatment, Doctor, is the result. You are a man of experience; you were on the ground; you know the conditions and can judge better than anyone else whether you can improve upon the treatment or not. It would appear that some depression might have followed the half-hourly exhibition of the

defervescents for thirty hours, but you mention none. It was certainly a knock-out blow, and we congratulate you. It matters little what a case would be if allowed to run its course as compared with the benefits of jugulation.

We do not know the formula for Dr. Walling's hernia fluid, but if you write him at his home, 1606 Green street, Philadelphia, he will no doubt tell you where you can obtain the fluid or the information desired. We trust that this is not the last time you will report a case.—Ed.

CAMPHO-PHENIQUE VS. IODOFORM.

I now use campho-phenique powder almost exclusively in place of iodoform, and find it more pleasant, less dangerous and equally effective. This is especially the case in the treatment of perineal and other lacerations and accidents of parturition.

In persistent vaginal catarrh and in gonorrheal vaginitis, the free use of the powder, applied by means of a powder-blower, has given admirable results.

Liquid campho-phenique applied to the uterine mucous membrane in the different forms of endometritis has proved highly satisfactory in my hands.

—:o:—

Extract from a letter received from Dr. Henry Schwarz, Professor of Gynæcology, St. Louis Medical College (Medical Department of Washington University), Consulting Gynæcologist to the St. Louis City and Female Hospital, etc., 1723 Chouteau Avenue, St. Louis, Mo., under date of February 28, 1897.—Ed.

NOCTURNAL ENURESIS.

Editor Alkaloidal Clinic:—I notice on page 39 of January Clinic a report on the use of the alkaloidal granules in two cases of nocturnal enuresis or bed-wetting, by Dr. F. O. Sparks, Grenola, Kans.

I have been treating a boy of eleven years that has had the complaint from childhood, and has been treated by a number of doctors beside myself, with little or no success. Would the remedies mention by Dr. Sparks cure the case? To-day I found another case of a young lady sixteen years old who has been troubled with bed-wetting for years, ever since she had the measles. What shall I do for her?

Dr. D. McCurdy.

Cleveland, O.

—:o:—

Just what will cure your cases, Doctor, it would be hard to say, for there are many elements entering into the causation and treatment of this condition. You must seek the cause, and by exclusion of one thing and another, settle upon just what makes them do it. Having ascertained this, the treatment is not difficult. Cases are usually due, first, to reflex irritation and, second, to vesical congestion and atony of the sphincter vesicæ. The foreskin of each should be looked after; any adhesions loosened and redundancy (more than enough to cover the glans or clitoris) carefully removed. I would also, under anesthesia, dilate the rectum in each instance and remove any other reflex irritation that manifests itself. Havivg done this give atropine, gr. 1-250, and strychnine arseniate, gr. 1-134, before meals, with a double dose to the boy and a triple dose to the young lady at bed-time; the atropine to relax capillaries and drain the blood from the bladder while the strychnine tones up the sphincters, presumably relaxed. Give each a good dose of seidlitz salt every morning and see to it that the evening meal is light and dry and that no liquids are taken after four or five o'clock p. m. If you try this, Doctor, please report results to the Clinic.—Ed.

Always sign your letters. If you prefer not to have your name printed, say so; but send us the name and address.

RANULA: HELP WANTED.

Editor Alkaloidal Clinic:—Will you and the many readers of this best of all journals, the CLINIC, bear with me while I ask for some advice relative to the treatment of a case of ranula?

While on a visit to St. Louis last April my attention was called to Mr. S., who had a swelling under the tongue the size of a horse-chestnut. He complained of pain and could not eat anything solid. Mastication and deglutition were painful. The tumor was soft, of a bluish tint, not sore to the touch, but the swelling had extended to the glands of the neck. His physician had opened it, but it would close rapidly and puff up over night. On opening you could remove a clear stringy substance of a sweet taste. From April to August he was treated in this manner, cutting open and plugging with iodoform gauze. The plug invariably fell out in one or two hours.

In August the patient came to me feeling no better. My mode of treatment was to aspirate and then wash out with boroglyceride. I gave protiodide of mercury, gr. 1-3, three times daily until diarrhea was produced, and then had it stopped for a few days. I also used mercurial inunctions on the neck until it got sore and then discontinued. This gave some benefit but it did not work quickly enough. I then used the treatment you were kind enough to advise, to aspirate and wash out with bichloride of mercury, one to 2,000, and inject tincture of iodine (this was not colorless). This improved matters considerably, but the patient is not well yet. The iodine at times creates an inflammation, and the tumor then swells up as badly as ever; but this does not happen often, and on the whole it is much better.

Now, dear Doctor, can you or any of the readers inform me of any other quicker treatment?

In closing, permit me to congratulate you on the success of the CLINIC. It grows richer every month, and I make a big grab for it when the postman delivers the same.

Wishing you and the CLINIC a happy and prosperous new year.

EMIL M. HERWIG, M. D.
3932 Kennerly Ave.,
St. Louis, Mo.

—:o:—

This is evidently a salivary cyst. Probably the duct of the sublingnal gland has become occluded and the saliva collects to form the tumor. If it is not possible to reopen the natural orifice, you will have to insert a little drainage tube or an eyelet and permit the fluid to drain out as secreted.—ED.

THE CLINIC THEIR FIRST CHOICE.

Dear Dr. Abbott.—Having entered into a co-partnership with Dr. E. T. Hall, in order to have a greater number of journals to come into our office, the doctor selected and subscribed for a number and I did the same. Dr. Hall's first choice was your CLINIC; and permit me to say, in all truth and candor, that we prize it more highly than all the dozen or more journals received.

JAS. PICKETT, M. D.
Burleson, Tex.

MULTIPLE SCLEROSIS.

Editor Alkaloidal Clinic:—I would be pleased to have some of your many subscribers outline a treatment for multiple cerebral sclerosis of twelve years standing. I commenced to treat the case seven years ago. The most of the drugs that I used to control tremor cause severe jerking of one or more limbs. I have not always been successful in overcoming that. The patient says that it feels like a powerful electric shock. If his spine is suddenly chilled the uncomfortable feeling that it causes in the foot and leg first affected is so severe as to almost rob him of reason.

Walking will always stop it, but it will often return just as soon as he lies down. Six years ago he could not keep from walking backwards when he would first get up to walk. I had been able to overcome that difficulty until ten days ago, but now I find that I am unable to overcome it altogether. Sometimes he cannot lie on his back, and often that is the only position in which he can lie. I would give the full history of this case and my treatment but it would take up too much space. I believe it would be interesting to some, as I do not believe that there is any case on record where a patient with the above ailment has lived over ten years. Any assistance received through the CLINIC will be gratefully appreciated.

M.

—:o:—

The disease is not curable by any known means. Hyoscine has proved efficient in many instances in calming the tremor, but the drug should not be given in doses sufficient to dry the throat. Cicutine, in its quality of a calmer of motor restlessness, is also indicated. Beyond these limits I do not care to go, in view of the good showing you have already made in your management of the case. Will our readers add their testimony ?—ED.

PERITONITIS: TREATMENT WANTED.

Editor Alkaloidal Clinic :—Would it be proper to lock up the bowels in peritonitis with opium, or better to use salines ?

T. L. CRAIG, M. D.

Soledad, Cal.

—:o:—

The treatment by opium had so little success that it is now pretty generally abandoned in favor of Tait's method of depleting the vessels of the peritoneum by salines. I would recommend a heaping teaspoonful of the seidlitz salt with two ounces of water every two hours, and once every four hours an enema of four ounces cold, saturated salt solution; with morphine hypodermically enough to relieve such pain as is present, but in small doses. Besides this the modern treatment of peritonitis is surgical and the tendency is more and more in favor of early operation, as it is shown in so many cases that nothing else could possibly have availed. Hyoscyamine deserves a trial.

The use of ice to the abdomen or of hot fomentations may relieve pain so as to render morphine unnecessary. When used, 1-8 grain is the proper dose, no attempt being made to narcotise the patient but simply to ease excited peristalsis.

For the fever, granules of veratrine and aconitine, of each, gr. 1-134, every half to one hour, should be employed to obtain their physiological effect; and if the system is overwhelmed by the force of the attack the powerful restorative action of Nuclein and strychnine arseniate is to be invoked, a granule of each being added to each dose. When effusion has taken place, bryonin, gr. 1-67, with the iodide of arsenic, gr. 1-134, every two hours, are useful remedies, with a granule of the arseniates of quinine, gr. 1-67 iron, gr. 1-67 and strychnine, gr. 1-134 added to each dose to keep up the strength.—ED.

COMPLIMENTS IN SEASON.

Edltor Alkaloidal Clinic :—Enclosed find $1.00 for renewal to THE ALKALOIDAL CLINIC. I have just received my last number with a pink wrapper, and as I know that this means my expiration of the CLINIC I hasten to renew. I think it the best medical journal yet published. I have received as much benefit from the CLINIC this year, as I could have gotten from a term in a medical college; and would not be without it under any consideration. I will be a subscriber as long as the CLINIC is published.

LIZZIE E. HAZELTON, M. D.

Indianapolis, Ind.

PERNICIOUS ANEMIA TREATED WITH NUCLEIN.

Editor Alkaloidal Clinic :—I was requested to call at a house in the village to see a woman who had been brought seven miles on a couch on purpose for me to treat.

I found this woman suffering from a severe form of anemia, not pernicious. On account of the effort to reach this village she was much exhausted and for twenty-four hours I doubted whether she would rally. All the usual symptoms of simple anemia were present. She could retain neither food of the most bland nature nor medicine for twenty hours, save minute doses of ipecacuanha repeated every fifteen minutes, which gradually quieted the inflamed coating of her stomach, until the next afternoon, when she could retain fluid nourishment given in very small potations.

Under the usual treatment for anemia, both hygienic and medicinal, this woman gradually improved, until in four weeks she was able to return to her home convalescing nicely. Her age was thirty-six years married mother of two children. Previous to coming to me she had been under treatment by two other physicians. Being a person of strong will she decided to come here for treatment, even "if she died in the attempt," as she said to me after partial recovery. After returning to her country home, she gradually regained about her former health under tonics and reconstructives.

Her second attack of serious anemic symptoms commenced the latter part of June, 1896, while at a distance from her home taking care of a sick friend. Here she contracted la grippe or some trouble simulating it, as she afterwards informed me. The attack was undoubtedly induced by overwork and loss of sleep. As the acute symptoms abated, they left her with a severe cough and debility. Symptoms of her former trouble began at once to develop.

July 2, she came to my office for advice and treatment. Examination showed plainly that her former anemic condition was developing again. I treated her from my office, prescribing the usual remedies for similar cases, such as iron in various forms, arsenic and strychnine, until August 15; she having been on a gradual decline, with only temporary occasional improvement. Her husband came to me at this date, stating that his wife was getting very weak and wished me to go out and see her.

As all the remedies previously used in her former sickness had now failed to be any thing more than temporary benefit, and as I found on examination that she had symptoms of a pernicious form of anemia, such as hemorrhage from the mucous membrane of the vagina and persistent gastritis, also irregular febrile attacks, I began to think a change of treatment imperative. I now began the administration of Nuclein in small doses, leaving out of her treatment iron in any form, but still using arsenic and strychnine.

After this course of treatment had been followed about two weeks, without apparent benefit, I wrote to Dr. Abbott, making a statement of the case, and the treatment I was using. He kindly replied by letter, saying that Nuclein was all right, but must be given in larger doses. He advised giving her 1-3 minim doses of Nuclein every two hours, together with one granule each of iron phosphate and strychnine hypophosphite.

I took up with Dr. Abbott's advice, with confidence that if there was help for her, in this extremely debilitated and mentally discouraged condition, it would be found in the line of treatment he had marked out. In three or four days after commencing the administration of the Nuclein tablets, one every two hours, instead of one every four hours (as given before the advice was received), also the other granules the doctor advised, I thought I detected slight improvement on the inner aspect of her eye-

lids in relation to their color. In this I was not mistaken; for in a few days after this encouraging symptom I noticed that her tongue and lips began to show an increase of red blood corpuscles.

I omitted to mention that in connection with Dr. Abbott's treatment, I continued to prescribe Fowler's solution, about m. 1-3, every hour when awake. This was on account of noting the above named slight improvement. Her vertigo and other disagreeable symptoms began to abate; her stomach to improve, and her appetite to return. Her improvement from this time to the present has been progressive and steady; with one slight intermission for a few days only. Her cough has left her and a healthy, natural hue of her countenance shows her return to a point nearly mormal. She now can ride over rough country roads in a buggy, fourteen miles the same day without special fatigue, and walks with a strong firm step.

I attribute the recovery of the woman more to Nuclein than to any other remedy.

W. C. DERBY, M. D.

White Cloud, Mich.

—:o:—

Dr. Derby's case deserves the thoughtful consideration of every reader. If Nuclein is the remedy its advocates claim, it is especially applicable to these cases of anemia that resist all ordinary measures. We all know that iron is needed, but that it is by no means enough to put the metal into the alimentary canal. There must be absorption and assimilation as well, and to stimulate the latter function Nuclein is our most potent agent.—ED.

CHLOROSIS. COLIC. BRIGHT'S DISEASE.

Editor Alkaloidal Clinic :—Some time ago I wrote you about a case that I had on hand, a young lady about seventeen years of age, giving you an outline of my treatment and of the symptoms. You said you thought it was a case of chlorosis, advising Waugh's Laxative, Aulde's Nuclein and iron arseniate. I gave her the Laxatives, three before meals and the iron arseniate, gr. 1-67, one granule every hour. She is now enjoying her usual health.

I have only used Nuclein (Aulde) in one case of laryngeal diphtheria. I gave the Nuclein and calcium sulphide, gr. 1-6, every hour, with iodide of calcium, gr. 5, in half a glass of water, a teaspoonful every hour, and my patient made a good recovery. I use the calcium iodide in all cases of croup, with apomorphine and calcium sulphide, and get excellent results.

I used hyoscyamine in a case of intestinal colic last evening and it relieved the pain in two minutes.

I have a case ot Bright's disease, with a large quantity of albumen in the urine, and I want to try the effect of sodium nitrite on him. I am now giving him lithium benzoate and arbutin, asparagin and bryonin. I was giving him jaborandi, digitalis, uva ursi and bicarbonate of soda, but his stomach would not retain it and he vomited a good deal of stringy mucus, so I was obliged to stop this treatment and put him on the granules and he is doing fairly well now. I have been using alkaloidal granules considerably for the past three or four months and am very well pleased. I expect to use them more as I get better acquainted with their action.

DR. J. A. MORROW.

Philadelphia, Pa.

—:o:—

We thank you, Doctor, for this little clinical report. You are beginning right in feeling your way slowly, speaking of what you are doing and giving others an opportunity to help you. Any time you have a nut to crack give it to the CLINIC and when you have a few moments time let us have another report.—ED.

DYSMENORRHEA CURED BY THE GRANULES.

Editor Alkaloidal Clinic:—I have been much pleased with the alkaloidal treatment, as far as I have progressed—and thought—upon the subject. True, I have only been using it for a year, but I continue to be more and more pleased as time passes. Thanks to Dr. Richards, of Dayton, Ky., I first tried it, and as yet have had no cause to regret it. I experienced some needless anxiety at first, but have grown more confident and fearless, as my acquaintance with the method increases. Since I have used this method I feel more like a soldier *armed* for the fray than ever I did before.

Two cases I have recently treated along this line have given me so much real satisfaction, that I want to tell every one. But I will first trouble our editor with one and let him decide if it is worth reporting.

Mrs. F., aged 21 years; married three years; has never conceived. She has had dysmenorrhea since puberty, which has increased in severity since her marriage. At these times her suffering has been terrible from spasmodic pains resembling labor pains. She had been treated during these periods by both homeopathic and old school doctors; had been under chloroform at different times as long as a day and night, also had rectal injections of chloral hydrate and hypodermic injections of morphine. The chloral hydrate and chloroform relieved her after being strongly pushed. However, the patient was more dead than alive for three or four days after such treatment. The morphine very seldom did any good, not even relieving the pain for the time being. It had the opposite effect of making her excitable and even delirious. The nausea and vomiting following this treatment lasted four or five days.

I first saw her professionally September 29, 1896. She had fainted two or three times, was pale, lips blue, pupils widely dilated, extremities cold, radial pulse very weak. Her friends said the attack was as bad as any she had ever had.

Treatment: Hot water bottles; inhalations of nitrite of amyl; one granule each of anemonine and glonoin every twenty minutes until the face flushed; then one of glonoin until the circulation was freely established. The anemonine was continued until all the pain had been relieved.

Relief occurred in forty minutes. There was no sickness following the treatment. The after-picture was totally different from that under the old treatment. An examination later showed: Elongated cervix; pin-hole os; tenderness in the right ovarian region. I consider it a case of subacute inflammation of the uterus and adnexa.

Curative treatment: I began treatment by inserting tampons of wool and cotton, saturated with tanno-glycerine, six drachms; acid carbolic, one drachm; distilled water, one ounce; glycerine, to make eight ounces.

Internal medication: There was considerable nervousness with stomach complication, such as frequent vomiting without any apparent cause, which I considered to be nervous in character, with a reflex origin. I gave Buckley's Uterine Tonic, four times daily; iron hydrocyanate, four times daily; hyoscine hydrobromate, two granules half an hour before meals; with strychnine arseniate, one every hour.

She had some trouble the following period. She only persisted for about forty days, which I did not consider was enough. However, she has had no trouble with her menstrual periods since, but lately her stomach trouble is increasing somewhat. J. S. WALLINGFORD, M. D.

Newport, Ky.

—:o:—

I do not wonder that Dr. Wallingford is pleased with his success in stopping the dysmenorrhea so nicely. Now, go ahead and cure the stomach. Stop fermentation and then come in with quassin and saline laxative. Stick to the Uterine Tonic.—ED.

SUPERFLUOUS HAIR.

Editor Alkaloidal Clinic:—I had been ill for about a year, my weight decreasing to sixty-seven pounds. I was advised to rub my body with cod-liver oil, which I did and am now quite well. But I now find a growth of superfluous hair on my arms and the sides of my face and temples. Could this have been caused by the oil, and is there any remedy for it?

A DOCTOR'S DAUGHTER.

—:o:—

Cod-liver oil would not cause such a growth, but the disease might have done so. The only means of removing hairs radically is by electrolysis, but this is not suitable to cases where the hairs are numerous. Perhaps some of our readers can tell you how to apply quick-lime, which is said to have this advantage over the razor that it does not stimulate the growth of coarser hair. But each method has disadvantages. Electricity stimulates the growth of hair, so that for every one you kill ten will come to the funeral; quick-lime simply goes a little deeper than the razor and takes the epithelium off if used too strong.—ED

PULMONARY THERAPEUTICS.

Editor Alkaloidal Clinic:—I am quite anxious to receive the February special ALKALOIDAL CLINIC. Living within a few miles of Lake Erie, diseases of the respiratory tract are more or less prevalent here during the greater part of the year. Bronchitis, pneumonia and croup, are met with frequently and coughs and colds are seen every day.

During the past two months measles and scarlet fever have been epidemic, and almost all cases of disease among the children have been complicated with an acute inflammation of the fauces or tonsils or both. In most of the cases high temperatures are encountered and a marked disturbance of the general nervous system has been noted.

Perhaps a brief description of some of the principal means of treating these troublesome diseases may be of interest to some of the CLINIC readers. The patients must be kept warm and quiet if possible, then try and meet the indications for treatment and strive at direct results. For the fever if alarming use a direct sedative, such as aconite, veratrine or pleurisy root, with occasional sponging of the surface. If you have a flushed face, contracted pupils and bright eye use gelsemium, or belladonna with the opposite condition, dull expression and dilated pupil. For the sore throat give phytolacca with your sedative, five to ten drops of each in half a glass of water, a teaspoonful every two hours.

In croup try the compound stillingia liniment, two or three drops on sugar internally, every fifteen or twenty minutes; with the liniment externally over the throat and upper part of the thorax. This, with frequent small doses of aconite and phytolacca as before mentioned, will generally prove highly satisfactory to your patient and yourself.

In bronchitis with the hoarse cough, collinsonia, sanguinaria and sticta, are indicated; while in the explosive cough give drosera. In pneumonia with the full circulation give veratrum viride and for the hacking cough don't forget bryonia. The dose of the above-named remedies will in most cases be ten drops to one-half glass of water; a teaspoonful every one, two or three hours.

Use a good preparation. I use "Lloyd's specifics."

I am not much acquainted with the alkaloidal treatment but I intend to make a study of it, for I think the idea of a small dose given when the specific indication has been taken into consideration is the rational way to treat disease. And I am impressed with the fact that while it takes great care to be an expert "rifle-shot," the

danger of doing harm is less with the single indicated remedy than with the much-used shot-gun prescription.

H. W. POWERS, M. D.

Amherst, Ohio.

—:o:—

Yes, Doctor, and it is because it takes great care to aim that rifle that alkalometrists get such good results. Any system that requires extra pains in diagnosis is good for doctor and patient.—ED.

FROM AN OLD FRIEND.

Dear Dr. Abbott:—I inclose subscription to the CLINIC for another year, and I wish heartily to congratulate you upon the success you have had in placing it in the front rank of our medical journals. It is by far the best for me in my work, as I get helpful thoughts from every issue, and as soon as I get each number it is devoured.

WM. L. JOHNSON, M. D.

Uxbridge, Mass.

PRURITUS.

Editor Alkaloidal Clinic:—I like the frank kindly comments of the editor of the CLINIC and especially his religious sentiments, together with those of many of the contributors. We are not suffering from too much genuine religion, but from too much counterfeit; not too much Christ-likeness, but too much Christ-lackness.

Recently I was called to treat a case of pruritus, that may be of interest to CLINIC readers generally and to Dr. Beal especially. Last September, Mrs. H——, aged sixty-two years, whom I had relieved of nocturnal cramps in her legs and feet, remarked that she would feel pretty well if it were not for that terrible itching about the vagina. I found she was suffering from pruritus vulvæ of eighteen years standing. She had been treated with no good results until she had made up her mind that there was no relief for her. The trouble began about the climacteric by her being overheated. Since that time she had never had a night's unbroken rest, scratching herself until she would bleed. Her nervous system was badly deranged.

With very little hope of doing her any good, I gave her gelseminine granules, gr. 1-250, two every four hours; and a dusting powder consisting of bismush subnitrate, two parts, and boric acid (Wyeth's impalpable) one part. The powder gave some relief from the first application and on the third night the patient slept all night. I continued the powder one month and there has been no return of the trouble up to date.

For nocturnal cramps in the feet and legs of old people I give viburnin, gr. 1-6, six granules, and atropine, gr. 1-250, two granules, every four hours, and always with success.

T. B. HOLMES, M. D.

Wadsworth, Nevada.

—:o:—

Pruritus is so troublesome a malady that we are always glad to hear of any successful method of treating it. Come again, Doctor.—ED.

ACUTE PLEURISY.

Editor Alkaloidal Clinic:—Mr C. came to my office to consult me, January 6, 1897. He said he had been treated by a "drug-store doctor" for about three weeks, but was gradually getting worse. He said he was first taken with severe, cutting pains in the right side, and some chilly feeling, but he did not think he had much fever. He said the doctor thought he had pleurisy, which was no doubt correct.

When he came to me he said he was getting worse all the time, with the exception of the pain, which was not so severe. He said he had not eaten anything for two weeks and had night-sweats every night, so that he was getting so weak he

could hardly walk. He had a constant hacking cough and was very much troubled with shortness of breath on the least exertion. His general appearance was bad, he was very pale and weak and complained some of feeling chilly but had no fever.

I found his right side on inspection appeared very similar to the left, except that there was much less respiratory movement than on the other side. I found perfect flatness on percussion as high up as the nipple, both forward and back; no respiratory murmur whatever below the third or fourth rib; the area of dullness did not change with a change of his position; temperature normal; pulse about 100; bowels constipated.

I put him on calcium sulphide, one granule every one or two hours, which was kept up for about ten days before we got any eructations or characteristic odor. I also gave him quinine arseniate, gr. 1-67, every two hours; calomel, gr. 1-4, every three hours until the bowels moved, followed with a good dose of seidlitz salt. The calomel was repeated about every three days. I applied tincture of iodine to the right side as far up as the nipple, every night and morning until he began to get sore. For the night-sweats I gave atropine sulphate, gr. 1-250, beginning at 4 p. m., one to be taken every two hours until three or four had been taken. These controlled the sweating from the beginning, and the atropine was discontinued after three or four days.

Improvement was manifest from the beginning. Air could first be heard in the affected side about the 18th. The above treatment was continued for about two weeks, with less frequent doses after the first ten days, then I discontinued the quinine arseniate and ordered elixir of calisaya, iron and strychnine, a dessert-spoonful three times a day.

He went to his work on the 25th. He is not yet well by any means, but his work is light, so that he is doing it without much trouble. He now eats well, sleeps well, and is steadily improving.

E. J. MEACHAM, M. D.

North Chicago.

—:o:—

Observe that the dullness did not change when his position was altered—a valuable diagnostic point between pleurisy and hydrothorax. The pleuritic effusion being inflammatory, adhesive inflammation is quickly excited wherever the fluid touches the pleura; so that the effusion is soon circumscribed. Note also how perfectly the treatment was fitted to the conditions present, and how speedily the "bell rang," showing that the rifle-bullet hit the bull's-eye.—ED.

MUSCULAR PAIN.

Editor Alkaloidal Clinic:—Am I on the right trail? Is there any means of permanent relief? The patient is a female; aged forty; a hard worker; who has been troubled for years with aching arms. The pain seems to be right in the bone. It is worse when she is idle, and yet it pains her to lift even a stove-lid. Both arms become painfully numb in the night, worse toward morning. She has to work and rub the arms and fingers before she can dress herself. There seems no be no rheumatism and the health is fair. Phenacetine and salol, phenacetine and camphor monobromate have been tried without results. I have put her on iron arseniate, and if it fails will try strychnine and electricity, as soon as my battery comes. Will some of the experienced lights offer some suggestions for the novice?

NOVICE.

—:o:—

I would put that lady upon Mercauro, and rub her arms with hot goose-oil every night. The faradic current, lightly applied, would also be of value. Probably she has over-worked her strength until there is degeneration or spurious hypertrophy of the muscles of the arms.—ED.

APPENDICITIS OR INTESTINAL OBSTRUCTION?

Editor Alkaloidal Clinic:—In reading Dr. Case's article on "The Medicinal Treatment of Appendicitis," it appeared to me that while the doctor had fine results he had probably made a slight mistake in his diagnosis. A careful reading of his illustrative cases impressed me with the fact that he had had a series of cases such as are apt to occur in the practice of any general practitioner.

The first case was one in which the patient had eaten largely of grapes and had swallowed the pits. This, according to the doctor's theory, had caused appendicitis, as manifested by the symptoms related. This—the appendicitis—on the fourth day further resulted in diffuse peritonitis. Now mark the results of his treatment: As a result of the free injection of hot water into the bowel, about the 7th or 8th day of his sickness, he passed large quantities of grape pits, when lo and behold! his appendicitis and acute diffuse peritonitis at once subsided, and he was dismissed from active treatment on the tenth day of his illness, or about the second after the casus belli was removed from its lodgment at the ileo-cœcal junction. If the doctor has found a specific for appendicitis, has he not, by force of the same reasoning, found a specific also for peritonitis?

The only material differences between cases Nos. 1 and 2 were that No. 2 was white and had eaten apple-parings instead of grapes.

No. 3 had eaten raisins instead of either grapes or apples, and had about the same result.

The others present no material departure, and all tend to confirm me in the belief that these cases were typical examples of obstruction of the bowels. My only aim in making this criticism is to invite a careful study of the instances above cited, to the end that no mistake be made in the future handling of this class of cases.

My rule is to inject a hot solution of magnesium sulphate into the bowel, and thereby secure the relief of the hot water and the cathartic effect of the saline.

ENOS MITCHELL, M. D.

Sheldon, Iowa.

—:o:—

The question as to whether such cases come under the term appendicitis depends upon the stand-point of the questioner. If he be a professional abdominal surgeon, he will tell you that intestinal obstruction is an obsolete term.—ED.

DYSPEPSIA.

Editor Alkaloidal Clinic:—I have a special request to make of you. It is this: Please give us an article on the dosimetric treatment and cure of chronic dyspepsia in the CLINIC at the earliest date convenient. I am anxious to hear the dosimetric treatment of these stubborn cases, of which I have several on hand now.

S. D. SOUR, M. D.

Princeton, Minn.

—:o;—

Are there others?—ED.

IRREGULAR MENSTRUATION.

Editor Alkaloidal Clinic:—Kindly suggest the cause and treatment in the following case: Mrs. B., aged 32 years; married fourteen years; height four feet ten inches; weight 132 pounds; general health good, other than as described. She has had five children, three living and two dead, one a still-birth.

She commenced menstruating at fourteen years but saw nothing for one year after. At this time she "came around" as she says, then at irregular periods until marriage, when she menstruated every five months. Three years afterwards she gave birth to her first child and did not menstruate

again until this child was weaned, and then at three months periods. Four years after the first child another was born. The labor was slow; the child only lived a few hours. This was a fully developed child. The cause of death I do not know. The mother says it was due to "slow birth." Ten months after this another child was born which is still living and is a fine boy. Then came a period of three month menstruations for three years.

When the fourth child was born it was a still-birth, the cause not given. Three years afterwards she gave birth to her fifth child, I attending this labor which was natural in every respect. The mother and child did nicely and as it is her first girl she is very proud of it.

Since the birth of the last child, at periods of three months she has had pains lasting five or six hours—so severe as to demand morphine. After the pains cease the patient feels no ill effect. When in company she is in the best of spirits, when alone she is very despondent. Her family history is very good. Her mother menstruated regularly. The patient's bowels are constipated. Digital examination reveals nothing abnormal.

FRANK BROUWER, M. D.

Manchester, N. J.

—:o:—

We would like our readers' views upon this singular case; especially Dr. Buckley's. In the mean time we are inclined to look upon the constipation as at least of sufficient importance to direct the therapeutics. Cure this by Waugh's Laxatives, then give platinum chloride, gr. 1-67, thrice daily, with sanguinarine nitrate in the same dose.—DD.

MASSAGE IN FRACTURES.

Editor Alkaloidal Clinic :—I would like to know what the CLINIC readers think of massage in fracture cases. This is a fracture of the humerus at or near the elbow. One physician claims it to be into the elbow joint.

How soon should massage begin and how long should it be kept up? I wish to report the case to the CLINIC later, as it is a remarkable one.

MARY E. KIMBALL, M. D.

Brookville, Pa.

—:o:—

Wyeth recommends passive motion (massage) two or three weeks after resection of the hip joint. This is the usual rule, and my own impression is that two weeks is a better time to begin it than three. Let us hear from our brethren of surgical proclivities. Massage is simply a more thorough method of passive motion. As to the treatment of a recent fracture by massage immediately after the injury, if anyone knows of it I would like to hear from him. The CLINIC does not approve. —ED.

PILES.

Editor Alkaloidal Clinic :—Will you kindly tell me through the CLINIC the best local treatment for piles; also the best medical treatment? Doctor, do you know what to inject into the piles to cause them to dry up? I like the CLINIC and will renew when my time is up, as I value the journal very much.

DR. H. N. DEMOULIN.

Indianapolis, Ind.

—:o:—

There is no local treatment that will reach all cases of piles. The subject is too extensive to be treated here. You had better get a work on the "Diseases of the Rectum," such as Andrews of Chicago published. Agnew, of San Francisco, printed an excellent little book on this subject a few years ago. The best medical treatment is to keep the bowels regular with saline laxatives, with hot enemas for acute attacks. The best results I have obtained from injections were when I used a five per cent solution of carbolic acid in water.—ED.

Among the Books

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